Further Notes
ON THE
SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA CONNECTED WITH UTERINE DISEASE.

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IN THE LANCET for May 28th and June 11th of this year I published a paper on the subject indicated in the above heading, relating several remarkable cases of neurasthenia growing out of old-standing uterine disease, entirely cured by the systematic treatment first brought under the notice of the profession by Dr. Weir Mitchell of Philadelphia, which had not, so far as I know, previously been tried in this country, although well known and fully appreciated in America. Knowing how widely spread these unhappy cases are, I am not surprised that that communication should have attracted the attention of practitioners in all parts of the country who had cases of the kind under their care, and should have brought under my notice many very interesting examples of this form of disease. For the past six months I have had many opportunities of carefully studying this subject, with the result of giving me daily increasing confidence in Dr. Weir Mitchell's method as an invaluable aid in managing certain classes of disease in women. I say "an aid," because it is unquestionable that the majority of cases are complicated in their origin, and that the general symptoms, by which I mean such states as nerve prostration, wasting, sleeplessness, hysteria, and the like, are inextricably mixed up with local uterine disease, and that too exclusive attention to the one or the other may lead to failure. I am anxious to lay stress on this point, since I should not wish to be considered as dwelling too exclusively on the importance of general treatment, or as underrating the influence of localised disease of the sexual organs, of which no one can be more fully convinced than I am. It is a fact, however, which all will admit who have much experience in gynæcology, that in the cases which are specially under consideration, the local disease, however important in its inception, has led to a secondary general disturbance of the whole system, which at last completely overshadows it, and the continuance of which renders every endeavour at cure, by local treatment alone, futile. It is the neurotic element which at last is the dominant one; and it is too frequently the case that overmuch local treatment, rushing from one doctor to another, and the incessant change in topical medication according to the special views of each succeeding physician have, in time, a most prejudicial effect. The adoption of this method does not, however, in any degree prevent such topical treatment as is really indicated; on the contrary, it affords an admirable opportunity of carrying it out, since it involves a lengthy period of enforced rest, which is excellently suited for any operative or other local measures that may be necessary. My object at present, however, is simply to give a few practical hints from my own increased experience, which the numerous inquiries that have reached me lead me to hope may be of use to those who have cases of the kind under their care.

The first point I would particularly insist upon is that these cases should be carefully selected. I am the more tempted to say this on account of a remark made by Dr. Coghill in his excellent address on Obstetric Medicine at the annual meeting of the British Medical Association at Ryde, who says: "It seems to me that the systematic treatment of neurasthenic disorders practised with such success by Dr. Weir Mitchell of Philadelphia, and so recently brought to the notice of the profession with such a corroborative record of success by Professor Playfair, offers an alternative to Battey's operation of the most promising kind." Here, I venture to think, is just that sort of misapprehension which is certain to lead to disappointment. If a case is purely neurasthenic it cannot, under any conditions, I apprehend, be one even for the consideration of oöphorectomy. If, on the other hand, there exist those chronic organic changes in the ovaries which afford the most justifiable ground for this operation, any attempt at their cure by this treatment will inevitably fail. I cannot better illustrate my opinion on this point than by stating that a lady, sent to me from Northumberland as a good case for treatment, who had been entirely confined to her bed or sofa for years from severe and intractable pelvic pain, was found to have large, swollen, and excessively tender ovaries, acutely painful on touch. I at once stated my conviction that this was not a suitable case for treatment, inasmuch as I believed the patient's sufferings to be very real, and to be caused by definite organic disease. At her own urgent request, however, I carried on the treatment for a month, with marked improvement of the nutrition, but with no relief to her sufferings. At the end of that time I was fully satisfied that nothing short of oöphorectomy would give any chance of cure, and I at last removed the ovaries by abdominal section. They were found to be thoroughly disorganised, and everywhere bound down by old-standing adhesions; and although too short a time has elapsed to judge completely of the result, I trust it may prove satisfactory. It is certain therefore that no case of this kind can fairly be considered suitable for the treatment, although the diagnosis may be sufficiently difficult and obscure to justify an experimental trial of it, before any more radical measures are seriously contemplated.

Another class of case likely to lead to disappointment are those in which there is some definite mental disease. On this point I speak with more hesitation, from want of sufficient experience, but in two instances in which the patients were clearly suffering from a form of melancholia, I felt bound, after a short trial, to relinquish the treatment, feeling that it was doing harm rather than good.

The typical cases likely to succeed well are those old-standing, bedridden, and wasted invalids, who have been dragging on for years in a state of chronic helpless invalidism; or those more definitely hysterical patients, who suffer from a variety of simulated diseases, and have become morbidly dependent on the injudicious sympathy and tending of their friends. It is undesirable to narrate a succession of cases, but I am tempted to give a brief notice of two, as they admirably illustrate each of the classes I have alluded to, and may interest those who did not see the cases described in my former paper. Both these patients had been for years subjected to treatment of every kind without the least benefit, and I will ask any candid reader to say whether they were not of a type that was entirely beyond the reach of any ordinary method of management. I should say that the passages between inverted commas are from letters I have received concerning these patients, which I prefer to quote to avoid any suspicion of exaggeration on my part.

CASE I.—On September 10th a gentleman came to consult me on the case of his wife, in consequence of his attention having been directed to my former papers by a relative who is a well-known physician in London. He informed me that his wife was now fifty-five years of age, and that she had passed ten years of her married life in India. At the age of thirty she was much weakened by several successive miscarriages, and then drifted into confirmed ill health. He wrote, on making an appointment, as follows: "I will give you at once a short outline of her case. We have been married thirty-four years, of which the last twenty have been spent by her in bed or on the sofa. She is unable even to stand, and finds the pain in her back too great to admit of her sitting up. She is utterly without strength, of an intensely nervous temperament, and suffers incessantly from neuralgia. She has, moreover, an outward curvature of the spine. There is not the slightest symptom of paralysis. Fortunately she does not touch morphia, or any narcotic or stimulant, beyond a glass or two of wine in the day. That she has long been in a state of hysteria is the opinion of nearly all the medical men who have seen her."

Although the attempt to cure so aggravated a case as this was certainly a sufficiently severe test of the treatment, I determined to make the trial, and had the patient removed from her own home, and isolated in lodgings. I found her in bed, supported everywhere by many small pillows, and wasted more than, I think, I had ever seen any human being. She really hardly had any covering to her bones, and looked somewhat like the picture of the living skeleton we are familiar with. It may give some idea of her emacia-

tion if I state that, though naturally not a small woman, her height being five feet five inches and a half, she weighed only four stone seven pounds, and I could easily make my thumb and forefinger meet round the thickest part of the calf of her leg. The curvature of the spine said to exist was a deceptive appearance produced by her excessive leanness, and the consequent unnatural prominence of the spinous processes of the vertebræ. I could detect no organic disease of any kind. The appetite was entirely wanting, and she consumed hardly any food beyond a little milk, a few mouthfuls of bread, and the like. From the first the patient's improvement was steady and uniform. The way she put on flesh was marvellous, and one could almost see her fatten from day to day. Within ten days all her pains, neuralgia, and backache, had gone, and have never been heard of since, and by that time we had also got rid of all her little pillows and other invalid appliances.

It may be of interest, as showing what this system is capable of, if I copy her food diary on the tenth day after her treatment was begun; and all this, this bedridden patient, who had lived on starvation diet for twenty years, not only consumed with relish, but perfectly assimilated:—

6 A.M.: Ten ounces of raw meat soup. 7 A.M.: Cup of black coffee. 8 A.M.: A plate of oatmeal porridge with a gill of cream, a boiled egg, three slices of bread-and-butter, and cocoa. 11 A.M.: Ten ounces of milk. 2 P.M.: Half a pound of rumpsteak, potatoes, cauliflower, a savoury omelette, and ten ounces of milk. 4 P.M.: Ten ounces of milk and three slices of bread-and-butter. 6 P.M.: A cup of gravy soup. 8 A.M.: A fried sole, roast mutton (three large slices), French beans, potatoes, stewed fruit and cream, and ten ounces of milk. 11 P.M.: Ten ounces of raw meat soup.

The same scale of diet was continued during the whole treatment, and, from first to last, never produced the slightest dyspeptic symptoms, and was consumed with relish and appetite. At the end of six weeks from the day I first saw her she weighed 7 st. 8 lb.—that is a gain of 3 st. 11 lb. It will suffice to indicate her improvement if I say that in eight weeks from the commencement of treatment she was dressed, sitting up to meals, able to walk up and down-stairs with an arm and a stick, and had also walked in the same way in the park. Considering how completely atrophied her muscles were from twenty years' entire disuse, this was much more than I had ventured to hope. She has now left with her nurse for Natal, and I have no doubt that she will return from her travels with her cure perfected.

(To be concluded.)

ON HIGH LOCAL TEMPERATURES.

BY WILLIAM SQUIRE, M.D., F.R.C.P.

THE excessive temperatures in non-fatal cases, from time to time recorded of late, have been found only at very limited areas, and have mostly had no relation to the general body temperature when that has been obtained in a satisfactory manner. Many of the accidents which might vitiate these exceptionally high readings have long been demonstrated and discussed; now that, in two instances, intentional deceptions have been detected and exposed, it would be well if the recorders of some of the more paradoxical observations would review their experience by the light of those recent examples, and inform us in what circumstances they may correspond or differ. A long attention to surface thermometry, while revealing numerous sources of error, such as undue or unequal warming or covering of the part to be examined, shows some very real and important differences; these deserve careful note, and will some day admit of useful generalisations. As a provisional deduction it may be stated that these natural variations seldom exceed by as much as 4° or 5° that of a corresponding part of the surface, and are still more rarely even a degree above the internal or general temperature of the body. How largely the reverse of this may be possible is well known. Collapse may set in from an intense fever at its height, and the limbs be algide while the head and body burn. During scarlet fever the temperature *in recto* has been 105°, and at the same time only 97° in the skin of the abdomen or in its folds. In the axilla an accurate surface thermometer has marked 103° on the thoracic side and only 98° on its brachial aspect; this was found in acute pulmonary congestion near the close of chronic lung disease. In right hemiplegia of two months' standing the paralysed arm and the left side of the face were two and three degrees higher than the parts unaffected; the surface temperature of the head over the side corresponding to the supposed seat of cerebral lesion being 1½° lower than the opposite side. From some obscure affection of the cervical sympathetic, probably, an active man thirty years old has a persistent flush on the left side of the face. This is worse when he is heated; on any little exertion or excitement that side of the face and forehead are bedewed with perspiration; the temperature, while he is at rest in a cool room, is 4° higher on the left temple than on the right; it was 90° on the right and 94° on the left temple in the morning of a cold day. A difference of half a degree is frequently found on the two sides of the forehead. The range in health at various times of the day and under varying conditions is usually from 92° to 96°, but the difference between the two sides is seldom as much as half a degree, and the left temple is rather more often the higher than the right. There are some conditions of hemi-anæsthesia and of hyperæsthesia where the symptoms more or less suddenly change from side to side that have a like curious variation in temperature. These cases have a variation of only two or three degrees, and are not limited to hysterical subjects. A temperate man near the age of forty had to lay up for three weeks for pyelitis and renal irritation, with severe headache, chiefly on the left side; in early convalescence with normal temperature *in ore* the right temple was 96·4°, the left 94°, and it was noted as curious that the temperature of the right axilla was only 97·6°, while the left was 98·2°. The following week, during a relapse, the temperature at noon *in ore* was 100·6°, that of the right axilla 101·6°, of the left 100·3°, both temples close on 98°. At night the general temperature was 101°. His temperature on the next day at noon was 98·6° *in ore*, 98·8° *in recto*, right axilla 98·2°, left 97·4°, right temple 94°, left temple 94·5°. Urine pale, sp. gr. 1016, slightly turbid, mucous deposit, a trace of albumen. Pulse 80, respiration 18. Before recovery was complete headaches with loss of sleep recurred with shifting of the increase of temperature from the right axilla and right side of the trunk to the left side, and of the higher head temperature from the left to right, and *vice versâ*, more than once. In a contribution of mine on "Surface Temperatures" to one of the medical periodicals in the early part of last year, Mr. J. W. Teale's case of abnormal high temperature is referred to as one of local disturbance. It would be more satisfactory to know, and if Mr. Teale still has notes of the case he may be induced to give some further details, how far any general disturbance of temperature was noted, and in what parts of the body; also whether any evidence of increased ustion, as by high colour or specific gravity of the urine, or wasting occurred. Any further records of the pulse and respiration rate would be interesting, especially if there was a tendency to hysteria; also the state of the mouth and tongue and the general condition of the surface. Was the thermometer always held in the axilla and surface, and watched during the observation; and, further, were hot bottles in use? Finally, was the patient at the outset liable to a suspicion of deception, and, a circumstance perhaps of more importance to report now, what has been the subsequent medical history of the patient, and what the present state?

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CASES ILLUSTRATING THE SURGERY OF CHILDREN.

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CASE 1. *Pulpy disease of the knee; erasion.*—E. N——, aged thirteen, was first attacked with pain and swelling of the right knee in September, 1879. She was admitted into the Children's Hospital, Pendlebury, in May, 1880, for pulpy synovitis of the knee. At this time there was some effusion into the joint. She was treated by rest on a back splint and Scott's dressing, and discharged improved at the end of June. On Dec. 2nd, 1880, she was readmitted with advanced pulpy disease. There were swelling and tenderness at the outer and inner sides of the

joint, with a "dry, creaking sensation" on palpation, and pain and starting at night. She was treated by strapping over Scott's dressing and a back splint, and improved a little, but on the 21st there was much pain again, which was relieved by warm fomentations. On the 29th extension was substituted for the splint. This treatment was continued till Jan. 22nd, when it was found that her condition was in no way improved, and she was disturbed at night by pain severe enough to make her cry out.

On Jan 22nd, 1881, a curved incision, such as is adopted for excision of the joint, was made across the front of the knee, laying the joint freely open, but not dividing the ligamentum patellæ. The greater part of the capsule, at the front and sides of the joint, was cut away, as it was softened and infiltrated with inflammatory material; the synovial membrane, which was thick, pulpy, and very vascular, and encroaching on the edges of the cartilage, was cut and scraped away, and some of the cartilage removed at the margins. A softened cavity in the outer tuberosity of the tibia was gouged out and the articular surface of the patella, which was turned outwards for inspection, was scraped, though but little of its cartilage was removed. There was a great deal of pulpy mischief, some recent, some of old standing, and the whole of the diseased material was removed as far as possible. The operation was strictly antiseptic. The wound was closed with silk sutures and drained with india-rubber tubing, the limb being packed in a Gooch's splint. On the 24th the temperature rose to 101·2°, and the joint was full of blood-clot, the tension of which probably produced the rise of temperature. This soon subsided. On Feb. 5th the wound was healing, and there had been no suppuration at all. The blood-clot gave no more trouble, being organised or absorbed, as the view taken of the process may be; there was slight tendency to inward rotation of the limb, which was remedied by an inside splint with a footpiece. On Feb. 16th the wound had quite healed, and, except on the second day, the temperature never reached 100°. The child was fat and well, and free from pain. The knee was dressed seven times in all. On the 21st the splint was removed, and passive movement began. On the 26th, under chloroform, the joint was fully flexed, and one adhesion felt to give way. Passive movement was kept up, and on March 9th the child was sent out with full range of movement and no pain. On April 22nd she came to the out-patient's department—a mile's walk—wearing a Martin's bandage which had been ordered her, and has come regularly since. When last seen, on May 27th, she could walk, run, kneel down on the bad leg, and flex it to its full extent without pain or difficulty; the patella is freely movable. In this case, in spite of the removal of a large part of the capsule, of all the synovial membrane that could be got away, and of the semilunar cartilages, and also of the gouging out of a cavity in the tibia; the child has a knee-joint which is literally as perfect as the other. The case is important and, I think, worth recording as an indication of the probable future treatment of chronic joint disease on the lines already laid down by Professor Lister, both as to the dressing and erasion of the diseased parts, instead of excision of the joint.

CASE 2. *Strangulated inguinal hernia in a boy five months old; tunica vaginalis testis completely closed.*—James T——, aged five months, was admitted on April 20th, 1881. The little patient had had a hernia for two months. The morning before he came in, the rupture suddenly increased in size, and was followed by vomiting. The child has had a cough for some time. When first seen a fair-sized right inguinal hernia was found, which was tense and had resisted taxis previously applied. The child vomited once soon after admission. Chloroform was given and taxis repeated unsuccessfully; the hernia was then cut down upon, and on opening the sac a small quantity of reddish-brown fluid escaped. The sac contained cæcum and vermiform appendix; the parts were considerably but not extremely congested. There was considerable difficulty in reducing the hernia, and it was clear that this would have been impossible without operation. The stricture was high up at the neck of the sac. The testis was not exposed in the sac, but had a complete tunica vaginalis of its own, hence the hernia was not of the form usually called congenital, for it probably lay in the funicular process of peritoneum which, closed immediately above the testis but patent higher up, had become sufficiently distended to fill the scrotum. The hernial sac was separated from the spermatic cord and tied with a chromic catgut ligature at the upper part of the canal, in order to obliterate it. Catgut drainage was used, and the wound closed with silk sutures. The operation was antiseptic. On the 21st the child slept well after the operation, took a pint of milk, and had its bowels open several times. On the next day the scrotum was red and swollen, and an attack of acute orchitis set in, which lasted with some severity for a week, and then slowly subsided. The wound became fouled by urine after two or three days, and so antiseptic dressings were discontinued. The wound gaped and gave considerable anxiety for some time, but after making a counter-opening at the back of the scrotum it slowly became healthy, and was healed soundly by May 23rd, when the thickening about the testis had also disappeared. The hernia never came down after the operation, and the child was discharged well on May 23rd. The child's motions were curdy, and contained undigested milk for some time, and this continued for a while, even after it was fed on peptonised milk. A small umbilical hernia and phimosis co-existed with the inguinal hernia. The early age of the child for strangulated hernia, the fact that the hernia was not of the common congenital form, and the orchitis consequent upon the operation, are points which appear to be worthy of note. This form of hernia is described by Mr. Birkett, but is apparently not of such common occurrence as that where the bowel descends altogether into the fully open tunica vaginalis testis.

Since the above was written the child has been seen again, and there is a tendency to protrusion of the hernia when the child strains; otherwise it is in good condition.

Nov. 1881.—The friends have neglected to keep on a truss, and the hernia is as large as ever.

CASE 3. *Acute periostitis; pyæmia.*—J. B——, aged six years and seven months, was admitted on April 22nd, 1881. Three weeks previously the boy fell down some steps and hurt his forehead and shin, but seemed to get quite well. Two days before admission he complained of pain in the left thigh, but ran about as usual. On the following morning he could not get up, had pain in the knee and could not move the leg, and was delirious during the night, with profuse sweating. On admission he was pale, dull and heavy-looking; respiration 48; temperature 100°; pulse 156; with low muttering delirium. Ordered four grains of quinine, brandy-and-egg mixture. The left thigh was swollen to nearly double its normal size from the hip to the knee, and intensely painful. A short time after he came in, under chloroform, free incisions were made through the periosteum down to the bone. Three incisions in all were made in different parts, and much sanious sero-pus and lymph escaped. The bone was felt quite bare of periosteum. After the operation the temperature was 104°, falling later to 102·4°. There was great prostration. The temperature again rose and reached 106·6° at 11 P.M., when he died. At the post-mortem examination several recent pyæmic abscesses were found in the lungs, and the whole of the femur was bare from the neck to the lower epiphysis; no other disease.

This case is typical of the severest form of acute periostitis, but is perhaps unusual in its very acute course, the whole duration of symptoms being only two days and a half, and two days before admission he went to school. No delay occurred in treatment, and it was evident that the pyæmia had developed before he was seen. There was no evidence to show that the pyæmia existed before the periostitis. The mischief was so extensive that, in removing the bone as a specimen, it gave way with very slight force at the junction of the diaphysis and lower epiphysis.

For many of the above notes I am indebted to the resident medical officers.

THE ROYAL SOCIETY.—The following gentlemen were elected Council and officers for the ensuing year:—President: W. Spottiswoode, M.A., D.C.L., LL.D. Treasurer: J. Evans, D.C.L., LL.D. Secretaries: Professor G. G. Stokes, M.A., D.C.L., LL.D.; Professor Foster, M.A., M.D.; Professor A. W. Williamson, Ph.D. Other members of the Council: F. M. Balfour, M.A.; J. L. Bell, F.C.S.; Sir Risdon Bennett, M.D.; Professor T. G. Bonney, M.A.; Professor H. Debus, Ph.D.; A. J. Ellis, B.A.; Sir John Hawkshaw, M.I.C.E.; T. A. Hirst, Ph.D.; W. Huggins, D.C.L., LL.D.; Professor T. H. Huxley, LL.D.; Professor J. Lister, M.D., F.R.C.S.; Professor D. Oliver, F.L.S.; Professor H. E. Roscoe, B.A., LL.D.; W. W. Smyth, M.A.; H. T. Stainton, F.G.S.; E. J. Stone, M.A.

ADVANCED PHARMACY.

BY BENJAMIN WALKER, L.R.C.P. ED.

UNDER the above heading it is proposed to place before the profession the superiority and certain action of the alkaloids and essences of drugs, given at short intervals till their physiological action is produced. Nothing new is claimed for this method, for it has been advocated for some time past, but at present is little, or scarcely at all, resorted to by the general profession. It is only by constant dropping on the stone of the professional mind that any lasting impression is produced. Thus Sydney Ringer, in his "Therapeutics," recommends small and oft-repeated doses; as of aconite "in half-drop or a drop of the tincture in a teaspoonful of water every ten minutes or quarter of an hour for two hours and afterwards hourly;" lobelia "ten drops (of the simple tincture) every ten minutes or quarter of an hour till the dyspnœa gives way. It is better to adopt the smaller and more frequent dose, as the medicine can be discontinued should sickness or depression occur;" camphor, spirits of chloroform, every five or ten minutes in colic; chloral, in fifteen-grain doses every quarter of an hour till sleep is produced; alum, every ten or fifteen minutes (in croup) till vomiting is induced; perchloride of iron (in diphtheria) every hour; ipecacuanha (in dysenteric diarrhœa of children) drop doses hourly. This list might be indefinitely extended.

The believers in medicines and their efficacy in treating disease do not appear to increase. Indeed, it is most refreshing nowadays to meet with a practitioner with any reliance on drugs. What more lamentable in the glorious Congress just closed than the hiatus which occurs as to the treatment and cure of disease. Should we not welcome any advance which may tend to remove this scepticism, and restore the faith in our healing art? The crude remedies of a century ago contained abominations which make us laugh at the credulity which could either believe in or swallow them. Yet are we free from a similar reproach? And will not the next generation hold in as light estimation the mixtures, tinctures, and extracts which we use? The simpler our pharmacy becomes the better, will be admitted by all. We should prefer to give the essential and active parts of the drug in preference to the crude and more bulky drug itself. Thus from opium we obtain numerous alkaloids, some of which are of the greatest benefit to man, whilst others are useless or injurious. Ought we not to settle definitely the action of these ultimate principles of drugs, and discard altogether the cruder form which contains 90 per cent., say, of detritus, which, if not positively baneful, is at least superfluous, and increases the labour, or clogs the work of, stomach, bowels, and other emunctories? If so, we ought never to prescribe opium in solid or liquid form, for, if we have the alkaloids which it contains, with their distinctive actions understood, we shall have arms of precision with which to fight, and shall not be content to watch placidly the development of disease without opposing its progress, and remaining really but students of a "useless natural history." Instead of trusting, as most do, almost entirely to the *vis medicatrix naturæ*, we shall then be potent allies and helpers of this beneficent power. We have learnt to prescribe quinine in preference to the cruder drug, morphia for opium; why should we not discard conium, belladonna, hyoscyamus, aconite, *et hoc genus omne*, for their alkaloids or essences? No man who has ever used aconitine for the reduction of temperature will hark back to the tincture (Fleming's though it be), or any crude form of the drug; and he who has not used hyoscyamine in troubles of the hollow viscera (stomach, bowels, bladder, &c.) has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia, for this last is often spared the surgeon's knife by this beneficent drug.

The remedies with which the following cases were treated consist simply of the alkaloids and their salts, aconitine, veratrine, hyoscyamine, strychnine, digitaline, ergotine, and others, given in small doses ($\frac{1}{100}$ or $\frac{1}{200}$ of a grain of the more potent) at short intervals, according to the urgency of the case (every quarter or half hour or hour), and discontinued or given at greater intervals when relief is afforded. And here let me ask, Why should we on being called to a patient wait for the malady to declare itself, or that we may make a nice diagnosis, before we commence active treatment? Say that a rigor has ushered in an acute illness—inflammation, fever, or what not—and there are already a quickened pulse and ascending temperature. We know these are hurtful, exhaust vitality, and tend to adynamy. Then why wait till crepitation, rose spots, or other signs or symptoms warrant an accurate diagnosis, and why stand useless onlookers, giving some simple *placebo* to satisfy the patient or his friends, when you can be doing good and doughty service in attacking the pyrexia and bringing down the temperature and quickened pulse by the defervescent alkaloids, aconitine, veratrine, digitaline, quinine (some or all of them) every half hour or hour, until the thermometer or other sign bids you hold your hand? It will be advanced that you cannot trust dangerous remedies to ignorant attendants. True, if you give these remedies at very frequent intervals you must be guided by more than the appearance of the patient or the feeling of the skin. It is necessary to take the temperature at frequent intervals, say every two hours; and when it approaches the normal to slacken or discontinue the defervescents. There is no difficulty in instructing even a poor cottager in so simple a matter, at least I have never found any. And these are rare and exceptional cases, demanding anxious care and vigorous treatment. In this way many a threatened severe illness may be made to abort or run a comparatively benign course. Let me illustrate this by an actual case.

A youth aged twenty was attacked with severe rigors, alternating with flushings of heat. He walked to me, a distance of a mile, when he was in a highly febrile condition, with dry skin, tongue, and lips, a pulse of 120, and a sharp pain in the right side. This was the fourth day of being unwell. Ordered to bed; to take an aperient, and $\frac{1}{100}$ gr. of aconitine every hour. Seen next morning.

Fifth day, 10 A.M.: Pulse 118, respiration 40, temperature 103°. Pain in side; cough; bowels moved several times. To take $\frac{1}{100}$ gr. each of aconitine, veratrine, and arseniate of strychnine half-hourly.—8 P.M.: Pulse 106; respiration 28, temperature 102°. Acute pain in side; cough; tenacious sputum, with blood; tongue parched. To continue treatment.

Sixth day, 10 A.M.: Pulse 96, temperature 101°. Sputum rusty and tenacious. To continue treatment.—8 P.M.: Pulse 94, respiration 28, temperature 102·2°. Two motions. To take one quart of milk, with two egg yelks, and mutton broth.

Seventh day, 10 A.M.: Pulse 102, temperature 103·4°. Two motions. The temperature had gone up since last night, and there was some delirium. To give remedies every quarter of an hour. Thermometer left, and temperature to be taken every two hours.—8 P.M.: Pulse 62, respiration 35, temperature 100°. Aconitine and veratrine suspended, and strychnine also, as some slight twitching was noticed. To take arseniate of quinine every half hour, and one ounce of port wine with one egg yelk, and half a pint of milk every three hours.

Eighth day, 10.30 A.M.: Pulse 72, respiration 28, temperature 98·6°. Restful night, though not much sleep. To continue treatment.—8 P.M.: Pulse 74, respiration 30, temperature 98·2°.

Ninth day: Progressing favourably. Asking for food.

Tenth day: Sitting up.

This patient had pneumonia and pleurisy, with a high state of fever, and a temperature reaching 103·4°, accompanied by delirium. This only required the remedies with double frequency to reduce the temperature in ten hours by 3·4°, and the pulse by forty beats; and in twenty-four hours to reduce the temperature to normal (nearly five degrees). In about four days his temperature and pulse were brought down to normal, and he was virtually well, though of course weak and exhausted. The strychnine was given with the defervescents, because it is found they do not produce the same depression if combined with it, and the strychnine seems to have a powerful influence in maintaining the vitality of the patient, and to be especially useful in adynamic cases, where tolerance of it seems very remarkable according to ordinary notions. The patient on the fifth and sixth days took equal to forty-eight minims of solution of strychnine in the twenty-four hours, and on the seventh day equal to forty minims in ten hours, when the physiological effect began to manifest itself. This quickly subsided on its discontinuance.

Next let me call attention to uterine hæmorrhage, either

post-partum, or in the common form of menorrhagia in young girls or adults of more advanced years. Of post-partum hæmorrhage one typical case will suffice, though others might be given.

Mrs. K——, aged twenty-eight. Fourth pregnancy. (My first attendance on her.) Always has most severe flooding after delivery. Nov. 1875, delivered of twins; within five minutes a pailful of blood (two to three gallons). Nov. 1876 (three weeks short of twelve months), again delivered of twins, with similar hæmorrhage. (All four children still living.) March, 1878, delivered of a living boy. Lombe Atthill's warm-water injection soon stopped flooding, which was again most severe. Dec. 1880, again delivered of twins (one only alive). When summoned to her this time, one-third of a grain of ergotine and one-sixtieth of a grain of sulphate of strychnine, given every quarter of an hour, had the effect of strengthening the uterine contractions, completing the labour expeditiously, and relieving the attendants of the previous dreaded and frightful concomitant—the hæmorrhage,—for the placentæ were expelled without the slightest bleeding, and the patient was about in little over a week, the last visit being paid on the sixth day.

An equally good result was obtained, a month ago, in a primipara with atony of the uterus, delivery being effected by the forceps, when hæmorrhage was prevented by similar means.

In the treatment of menorrhagia the same remedies are given in like quantities, but three or four times a day, and during the intervals also, together with the arseniate of iron in $\frac{1}{10}$ of a grain doses.

A young lady aged sixteen, who had become quite blanched and exhausted by the great drain of blood, which lasted a week and returned in a week (thus she was losing one-half her time), under the above treatment was restored to health in about five weeks, and another was similarly relieved in seven weeks.

A kindred case to the above may here be mentioned—viz., hæmoptysis in a man in his fifth decade, who recovered under the employment of ergotine and strychnine, after various kinds of treatment had failed.

Spondon.

ON THE IMPORTANCE OF HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.[1]

BY T. M. DOLAN, F.R.C.S. EDIN.

THE importance of adequate provision for disease is recognised by all who aim at the mitigation of suffering, and I may say that as regards what I may term surgical diseases, we have in the metropolis and in the provinces numerous and excellent institutions to meet almost every case where operative aid is necessary. The value of the voluntary work done by the surgeons attached to these hospitals can hardly be over-estimated, but the benefits derived are in a certain sense individual. If A breaks his leg, or B is suffering from stone, or C has an ovarian tumour, or D some obscure or malignant disease requiring operation, they will be admitted free of charge to one of the institutions devoted to such cases; they have the highest skill at their disposal, the best nursing and diet. But such accidents or complications only affect the patients; their misfortunes are, in a certain sense, personal. The importance of adequate provision for infectious disease is theoretically recognised by all sanitarians, but practically it is only imperfectly appreciated.

Infectious diseases are, for the most part, preventable and controllable, so that proper hospital accommodation is an essential element in grappling with them and stamping them out. Hospitals for infectious diseases have more than an individual importance. If A, B, C, or D, in place of suffering from surgical diseases, were so unfortunate as to contract typhus, typhoid, small-pox, scarlatina, &c., the hospital accommodation at their disposal would neither be of the same class nor obtainable on the same easy conditions. In most towns the patient or patient's friends would have to pay a certain sum per week for maintenance, medical attendance, and the rest, in the hospital set apart by the sanitary authorities for infectious diseases. If unable to pay application would have to be made to the relieving officer, when a parish order would be obtained, and the patient admitted free of charge, and attended by a medical officer paid by a board of guardians, the patient in reality paying a penalty, as he is disfranchised by accepting Poor-law aid. This is a serious grievance. It violates a rule which has been often insisted on—viz., that the relief afforded to the sick in hospitals for infectious diseases should be completely dissevered from any relation with pauperism.

It is in the highest degree desirable that our general infirmaries should be maintained; it is more desirable that we should have hospitals for infectious diseases open on as easy terms, and that every encouragement should be held out to the working classes to avail themselves of this accommodation. It is more than satisfactory that any person who may break his leg in the crowded thoroughfares of the metropolis or in one of our provincial towns should have free hospital attendance of the class now supplied, though such an accident only affects the patient. It is a self-evident truth that it is of greater importance, should the same person be suffering from typhus, typhoid, scarlatina, or small-pox, that he be at once isolated and removed to a hospital, for he not only suffers, but becomes a danger to the household in which he lives, to his neighbours, and to society generally.

I think it cannot be denied that our present hospital accommodation for infectious diseases is defective. The institutions already in existence do not receive the pecuniary support they are entitled to, nor are they sufficiently appreciated by the public. In periods of epidemics there is special activity in providing for the accommodation of infectious diseases; and in many cases any old empty building is thought good enough for an infectious hospital. The latter is a grave fallacy. A fever hospital should not only be specially and hygienically constructed, but should be made even more cheerful and brighter than an ordinary hospital. There are financial difficulties in the way, but even these must be set aside unless we desire to render abortive the Sanitary Act of late years.

We now spend, I may say, some millions upon sanitary work, and we reap a rich harvest by this expenditure. We must not strain at a few extra thousands in order to gather richer fruits. Our medical officers of health cannot grapple satisfactorily with infectious diseases, even with the help of the model clause which requires householders to notify to them infection, unless there is proper hospital accommodation for infectious diseases in their districts. It is my aim in this short paper to prove that hospitals for infectious diseases are more important to the health of the community than general infirmaries. Once this truth is recognised, all difficulties should disappear.

Halifax, Yorks.

[1] A paper read before the State Medicine Section of the International Congress, London, 1881.

A CASE OF RUPTURE OF THE BLADDER.

BY T. J. CALL, M.D., M.R.C.P. EDIN.

THE interesting editorial article on "Rupture of the Bladder" in THE LANCET of Nov. 12th, 1881, recalls a case which occurred in the out-patient department of the Alnwick Infirmary during the time I was house-surgeon there in 1858, the history of which I now relate from notes taken at the time.

J. R——, a chimney-sweep, between fifty and sixty years of age, had for a long series of years suffered from stricture of the urethra, through which, and only by dint of coaxing, a No. 3 was the largest size of catheter which could be passed. Although this stricture was the cause of frequent complete retention of urine, and at the best of times water could only be made through it in a very feeble stream, he would not consent to have any operation performed for its relief, nor would he attend with sufficient regularity to have it gradually dilated. He was content to go on as he had been doing for over twenty years, and to present himself in the out-patients' room once in every week or two, in order to have his bladder relieved.

One afternoon I happened to be passing his house when his wife called me in. I found him walking about the room, evidently in great pain, with no other clothing on than his shirt, and his bladder enormously distended; as, according

to his usual custom, though repeatedly cautioned against it, he had, in the hope of being able to relieve himself, been drinking freely of gin and spirits of nitre ever since the morning, when the retention had begun. Not having a catheter with me, I told him I would obtain one, and come again. As his house was only about five minutes' walk from the infirmary, I should be back to him within a quarter of an hour from the time of my first seeing him. I now found him in bed entirely free from pain, and the floor of the room swimming with water. On asking what had happened he told me, and his wife confirmed what he said, that while walking about the water suddenly, and without the slightest warning, came in one great gush through the anus. That something of the sort must have occurred was evident from the fact that it would have taken more time than I had been absent for the large amount of urine to have dribbled through the stricture; besides, there was both his own and his wife's testimony to the fact, and there was no reason why they should deceive me. Fearful of the consequences of urinary infiltration, I enjoined perfect rest; but the next morning I found him going about as usual, quite well, and voiding urine in the manner to which he had been so long accustomed.

Just one week after this I was asked to visit him, and again found him suffering from retention. This time, however, I was unable to pass the catheter, and, as he was suffering frightful pain, I got Dr. Easton, one of the visiting surgeons to the infirmary, to see the case with me. Together we were unable to introduce any, even the smallest, instrument into the bladder, though we overcame the stricture so far that the urine began to flow and give him relief. Little over a week and again he presented himself in the out-patients' room, this time to have the catheter passed without the slightest difficulty; and for ever after, so long as he remained under my observation, the operation was easily performed.

I may add that from first to last I was never able to detect any enlargement of the prostate. The interesting points in this case are the rupture without any infiltration of the cellular tissue, and the rapidity and completeness with which the rent had healed so as to withstand every effort to empty his bladder made by a powerful, muscular man.

Ilkley.

CASE OF LEPROSY IN THE EARLY STAGE.

BY H. MALLINS, M.B., M.CH.

THE perusal of Dr. Alexander's paper on "Some Rare Forms of Disease, accompanied by Lesions of Trophic Nerves, and illustrative of Trophic Changes," in a recent number of THE LANCET, induces me to publish the notes of a case similar to No. 2 of his series, which came under my observation while doing duty at the General Hospital, Calcutta, in 1874.

Previous history. — John M——, aged forty-two, a ship's steward, admitted into the General Hospital on Jan. 6th, 1874. He is an American by birth, born in Louisiana. His family have been all very healthy. He himself has enjoyed excellent health until two years ago. Fifteen years of his life have been spent in China and Assam (ten years in the latter country) in the opium trade. The last two years and a half he has been a ship's steward. He has never had syphilis. Two years ago he noticed a copper-coloured patch on the front and inside of his right thigh; it was about the size of a crown-piece; the colour was affected by changes of temperature, deepening in warm weather, and almost disappearing in cold; it did not increase in size, and remained solitary for nearly eight months. No loss of sensation was noticed at this time. At the end of eight months or so he began to feel pains in the dorsum and heels of both feet, and also in the lower half of each leg. He thought at first that his boots caused the pains, which are described as having been of a sharp, shooting character, never constant in one spot. After the pains had continued for a little time a change in the skin was noticed; this consisted of a uniform copper-coloured discoloration. A feeling of numbness in the affected parts was now for the first time experienced. Almost immediately after this his left hand became similarly affected. Twelve months ago he noticed some discoloured spots on his face. About four months ago his right hand showed signs of the disease. At this time he was in London, and was under treatment for several months, with some benefit. On the voyage out to Calcutta the copper-coloured spots showed themselves on the trunk.

Present condition.—The patient is a tall muscular man with iron-grey hair and dark irides. Is very intelligent. General health is very good with the exception that the sexual appetite, never very strong, has completely disappeared during the last two years. Sight good; pupils normal. Eyebrows and cilia much thinned. The entire skin of the face, except close to the roots of the hair, is of a dusky brown colour, and has a thick brawny feel. The sensibility of the affected skin seems quite normal; he can feel the touch of a fly quite distinctly. Upper extremities: Numerous isolated patches of discoloration are observed on each arm. In both forearms the skin is uniformly discoloured and thickened. The dorsum of each hand and of nearly all the fingers is similarly affected. The left hand, however, displays a more advanced stage of the disease than the right. On the dorsum of the proximal phalanx of the middle and ring fingers a reddish elevation of the skin is observed. Quite recently a blister formed over each elevation. Tactile sensibility is quite lost wherever the skin is discoloured, except in the case of spots which have recently appeared. Sensibility to pricking is also lost. With dry sponges in the electrodes the current of an induction battery is not felt at all. With wet sponges the muscles respond to the stimulus, but the electric sensibility of the skin seems to be almost *nil*. The trunk: Numerous well-defined patches are observed on the chest, abdomen, and back. No numbness is felt in them, but those of any duration are insensible to touch, pricking, or the electric current. Lower extremities: The distribution of the disease corresponds to that of the arms and forearms as manifested by isolated patches on the thighs, while the skin of the legs and feet is uniformly affected except the soles of the latter and the popliteal region of the former. In the left leg, except in the sole of the foot and a few spots on its inner aspect, all sensibility below the knee is lost. In the right leg the sole is insensible close to the toes. About each ankle sensation is present; it is lost a few inches higher up.

January 20th.—Treatment with gurjun oil was commenced to-day, the oil being employed externally in the form of an ointment, while internally a dose of five minims combined with lime-water was ordered three times daily.

Feb. 25th.—Two days ago two blisters, each about half an inch in diameter, made their appearance on the dorsal surface of the proximal phalanges of the middle and ring fingers. They came in the night without any preceding feeling of tingling or pain; their contents seemed to be clear serum. On the second day the serum became dark purple in colour, on the third the vesicles ruptured, and on the fourth were nearly dried up. Since the 8th of February he has been taking a drachm of the oil daily.

March 3rd.—Cut his left foot yesterday with a knife; it bled freely; he did not feel the incision. Sensibility to temperature seems to be decidedly affected. He can put his feet into water which to a healthy person is painfully hot.

March 14th.—The colour of the hands and feet has decidedly improved. On the feet several white patches, apparently of healthy skin, have appeared. He feels his feet warmer.

The notes of this interesting case end here, as the writer was ordered up country, and consequently lost sight of the patient.

Watton.

THE JACKSONIAN PRIZE.—It may be well to remind competitors that the essays for this prize must be delivered to the Secretary of the Royal College of Surgeons on or before the 31st instant. The subject for this prize in the ensuing year is "Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment." The award for the Collegial Triennial Prize of fifty guineas will not be made until 1883.

HOSPITAL SUNDAY IN MELBOURNE.—The annual collections in aid of the Hospital Sunday fund have been made in the various places of worship in Melbourne and the suburbs. The returns, which were incomplete, amounted to £3709.

LARGE ŒSOPHAGEAL FOREIGN BODY PASSED PER ANUM.

BY FREDERICK S. PALMER, M.R.C.S., L.S.A.

A GENTLEMAN came to my house at 2 A.M. on Friday, Oct. 21st, with his servant, who, he told me, had just swallowed her artificial teeth. The girl gave the following account of the accident.

She went to bed as usual at eleven, and awoke at 1 A.M. with a slight attack of coughing. Immediately after the paroxysm she felt the plate, with two artificial teeth attached, drawn into the pharynx, and glide down the œsophagus, probably by a reflex act of deglutition. Some six months before she had broken off a portion of the plate, together with a gold hook which held it in position round one of the left upper molars, so that at the time of the accident it was secured only by one small hook on the opposite side. She complained of soreness and a feeling of obstruction at the posterior part of the cricoid cartilage; but beyond her own statement there was nothing in her appearance to suggest that she was the victim of so serious an accident. Her respiration was perfectly natural, unattended with difficulty or pain.

Exploration of the mouth, pharynx, base of the tongue, fauces, and glosso-epiglottidean folds, with the index-finger, gave a negative result. A horsehair probang was then gently passed down the œsophagus for about seven inches and a half, where it met with a slight obstruction. This immediately gave way before the instrument, and both passed into the cardiac orifice together. There was no time to expand the probang; the obstruction was no sooner felt than it disappeared. As she had not taken food for some hours before, and I was unwilling to risk the chance of laceration of the œsophageal wall, or possible impaction of the foreign body at the narrowest part of the canal (the back of the cricoid cartilage) by the administration of an emetic, I sent her home with directions to eat plentifully of bread and milk, suet pudding, and rice, also to commence the treatment forthwith. I saw her again at 9 A.M., and in the absence of symptoms I decided to continue the expectant method, and watch for results, at the same time directing that all evacuations should be carefully searched. She was recommended to remain in bed, to take only small quantities of liquid in addition to the soft food, and a dessertspoonful of castor oil as a gentle laxative. The bowels acted well at 4 P.M. At 10 P.M., my next visit, she seemed perfectly well, not complaining of any pain or discomfort.

The following morning, Oct. 22nd, at nine, she complained of colicky pain round the umbilicus, which she attributed to the oil taken the previous day. Temperature 98·6°; pulse 92; respiration 20. Nothing could be detected by manipulation of the abdomen. A large linseed poultice was ordered to cover the surface, and a second dessertspoonful of oil was administered. She passed a copious evacuation at 7 P.M., and the plate was discovered enveloped in a mass of fæcal matter, completely protecting the structures from injury, and voided apparently without pain or inconvenience. The sketch below is a faithful representation of the plate.

Remarks.—There are several cases on record of rough jagged plates, with teeth attached, having been pushed with impunity into the stomach and passed per anum, but I venture to think that the drawing above represents one of the largest foreign bodies that have successfully traversed the whole of the alimentary canal. The most remarkable feature in connexion with the case is the almost entire absence of pain experienced by the patient during its transit, and it is also singular that the sharp gold hook escaped attachment to the folds of the ileo-cæcal valve. The patient appeared in perfect health during the time, and expressed no anxiety as to the result.

Compton Lodge, East Sheen, S.W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

SURGICAL CASES IN THE OUT-PATIENT DEPARTMENT.

(Under the care of Mr. FREDERICK TREVES.)

THE following cases are at the present time under Mr. Treves's care in the out-patient department of this hospital.

CASE 1. *Sarcomatous Tumours of the Cranial Bones.*—The patient, a female child, aged twelve months, was taken to the out-patient department with certain tumours of the skull. The most conspicuous growth was the size of a Tangerine orange, and was situated on the occipital bone just above the protuberance and exactly in the middle line. It was round in outline, clearly defined, firmly fixed to the bone by a wide base, and around this base the adjacent bone appeared to have been raised so as to shade off on to the surface of the tumour. The mass, as a whole, felt as hard as bone, but near the summit a small fluctuating spot could be felt, and near this "egg-shell crackling" was distinct on firm pressure. The tumour appeared painless, and was unaffected by compression. It had been noticed four weeks, and was increasing rapidly. Just above and in front of the left ear a less distinct and more diffused mass was obvious. It appeared like an elevation of the bone, was circular, and had an area equal to that of a half-crown piece. It was of uniform bony hardness, and unaffected by compression. It had been observed for a fortnight. The skin over both these tumours was of normal aspect and freely movable. In front of the angle of the left lower jaw was a hard, round, and very conspicuous mass about the size of a walnut. It was firmly adherent to the bone, of which indeed it seemed to be a part, and presented in all its parts the same bony hardness. This last growth had been noticed also about a fortnight. No enlarged glands were to be felt in the neck. The child was pale and sickly-looking, and had lately wasted a good deal. It still, however, took the breast well; its bowels were very confined, and lately it had vomited about once a day. At birth the head appeared quite normal; but during the last three or four weeks it had, according to the mother's account, become enlarged, especially in the frontal region. The forehead was unduly prominent, and the skin over that part presented many conspicuous veins, which were peculiarly distinct over the left upper lid. There was a slight trace of the anterior fontanelle. The mother had noticed no change in the child's general condition, save that it was wasting, that it slept badly, and was somewhat fretful. There had been no convulsions of any kind, and the child did not appear to suffer any actual pain. The mother was a healthy woman, aged thirty. She had one other child, aged three, who was perfectly robust. Her confinement with the patient had been very easy, and the child was born with a head presentation. There was no point in the family history other than this, that an aunt of the patient's father had died of cancer of the breast.

There can be little doubt that these were sarcomatous tumours, growing, probably, from the diploë of the cranial bones, and from the interior of the maxilla, and expanding the bony tissue over them.

CASE 2. *Scirrhous* (?) *Growth in Axilla.*—This patient, a woman, aged sixty-five, is well nourished, and of fairly robust appearance. She has had nine children, seven of whom are alive and in good health. The eldest child is now thirty-three years of age, the youngest twenty-one. She suckled each child from twelve to fourteen months, and more usually from the left breast. She ceased to menstruate twenty years ago. There is no history of malignant disease, nor of tumour of any kind in any member of her family, near or remote. In the left axilla, nearer to its anterior than to its posterior wall, is a hard mass. This mass corresponds to the fourth, fifth, and sixth ribs, and is about equal in size to the palm of the hand. It is flattened, would appear to be

about three-quarters of an inch in depth, has very ill-defined limits, and is extremely adherent to the deeper parts. It feels everywhere very hard, but is not lobulated, and certainly does not appear to be made up of gland masses. The skin over the growth is perfectly normal. The condition of the left breast is very peculiar. Both mammary glands are large and pendulous; but the left is obviously the larger of the two. At the lower part of this breast, near where it joins the chest wall, a good deal of peculiar thickening can be felt. This thickening involves the whole of the lower border of the breast, and in vertical depth would be about an inch or an inch and a half. It feels very uniform, is not hard, but gives to the fingers precisely the sensation of solid œdema. The tissue does not pit on pressure, and the skin is perfectly normal. The patient noticed the axillary tumour nine months ago, when it was comparatively quite small, but she had not perceived any change in the breast, maintaining, however, that the left breast had always been a little larger than the right. Between the thickening in the breast and the axillary growth some like thickening could be felt, but its comparative softness contrasted strikingly with the extreme hardness of the mass in the armpit. In the posterior triangle and just above the clavicle two hard and enlarged glands were to be felt. They were painless and movable, and had been noticed by the patient six months. For the last four months the patient has had at times severe pain down the inner and posterior part of the arm, and the limb itself has, she affirms, occasionally been swollen. During the last six months she has experienced increasing difficulty in moving the arm, and now can only move the limb a little way from the side, the action causing pain. She has had pain in the growth itself, which she describes as severe, paroxysmal, and lancinating. She asserts that she has of late lost flesh, but she is still very well nourished. It is difficult to appreciate the exact condition of the parts in this case. The axillary mass has all the physical characters of scirrhus. It is possible to imagine that (concealed by the œdema that exists) there may still lurk in the breast a small primary scirrhous nodule that has ceased to show active growth, and is the cause of a more vigorous secondary deposit in the axilla. There is no feature, however, in the axillary tumour that can suggest its formation in the lymphatic glands, so if this tumour is subsequent to some like breast mischief the connexion between the two is not to be demonstrated. The peculiar œdema of the breast is probably due to obstruction of the lymphatic vessels of the part, such obstruction being afforded by the direct pressure of the axillary growth. These lymphatics must, if this suggestion be correct, be patent and conveying lymph, and not blocked with scirrhous matter, as would probably be the case had the disease extended from the breast to the armpit. The chief facts of the case, therefore, would point to the axillary tumour as a primary growth that had caused a localised œdema by pressure upon certain lymphatics. The appearance of enlarged glands above the clavicle would seem to support the proposition that the axillary mass is primary.

CASE 3. *Aneurisms of both Ulnar Arteries.*—This patient, an old woman, aged seventy-eight, first attended the out-patient department with chronic rheumatic arthritis of both knees, but especially of the right. Her finger-joints are also crippled with the same disease. These latter joints have been becoming stiff for some four years, and the knees have given her trouble for about two years. With the exception of her lameness, and a troublesome senile prurigo, she enjoys remarkably good health, considering her years. She has been edentulous for some time. There is a well-marked arcus senilis, and many of the more superficial arteries feel unduly rigid, but none have become tortuous, and none appear to be calcareous. The temporal arteries especially appear very free from evidences of atheroma. On both the right and the left ulnar arteries a little aneurism is seated. The two aneurisms are symmetrical as regards their position, being both situated about one inch above the flexure of the wrist-joint. The aneurism on the left side is a little the larger of the two, and is about the size of a small Spanish nut. It forms a very conspicuous little tumour, is perfectly round, and is obviously formed by a distinct bulging from one part of the wall of the vessel, and not by a general or fusiform dilatation of the tube. The patient has observed this aneurism three years, and believes that now its growth is stationary. The aneurism on the right ulnar, which presents the same character as its fellow aneurism, has been observed for about twelve months, and is very slowly increasing in size. Both tumours have been associated with much pain in the fingers, that is exactly limited by the distribution of the ulnar nerve. In each instance the sac of the aneurism appears very thin, and lateral expansion is very obvious. There has been no injury, and the patient cannot account for the tumours in any way. The other superficial arteries of the body were examined, but no other aneurism detected.

METROPOLITAN SICK ASYLUM: CLEVELAND-STREET INFIRMARY.

CASE OF MYXŒDEMA.

(Under the care of Mr. JOHN HOPKINS.)

S. K——, aged forty-nine, a needlewoman, was admitted on Dec. 11th, 1880. She was a native of London. Her father died at the age of sixty-three of abscess of the liver, her mother died at the age of thirty-five from phthisis. She had four brothers and sisters. One brother was consumptive, the other had had necrosis of the jaw and rheumatism. One sister had always had painful indigestion, and the other pain in the back. The latter was growing more and more like the patient in disposition, manner, and outward appearance. Her face was becoming puffed and her abdomen was greatly enlarged; she had also "something the matter with the womb." Patient had had eleven children, of whom four died, the second and three successively between the ages of two and five years, all with something the matter with the head, wasting, and convulsions. The eldest child was, at the time of patient's admission, a married woman, and had had one living child, followed by two miscarriages. She suffered from great abdominal swelling, and something amiss with the womb. The six remaining children borne by the patient were all very delicate when young. There was no history of syphilis, nor of excessive indulgence in alcohol. When a child the patient lacked energy and had giddiness, mists before the eyes, pelvic pain and incontinence of urine. At puberty she suffered with pelvic pain, leucorrhœa, irregular menstruation, and violent sick headaches. She was married at the age of twenty, and afterwards, whether pregnant or not, she was never without pelvic pain. She had never been laid up, except after her last confinement eleven years before admission, with "inflammation of the bowels," at which time the face and legs swelled, the latter pitting on pressure. The first sign of her present state that she noticed was the fulness of the neck above the clavicles "long before" her last confinement. The symptoms, aggravated at times, gradually increased in severity, and for seven years the patient had been in the habit of falling. Just before her last confinement her husband failed in business, and three years later died, leaving her in very straitened circumstances.

On admission, in general appearance the patient was tall and thin, with a large and very prominent abdomen. The expression was dull, and the skin of the face waxy and dropsical-looking; the eyelids were swollen, the upper drooping; the nose was ill-defined, and looked too broad in the bridge; the lips were thick and swollen, and there was a permanent red patch of enlarged bloodvessels on each cheek. The parts beneath the chin and the whole neck looked very full, and above the clavicles the swelling formed a considerable prominence. The crown of the head was bald, the skin upon it dry and wrinkled, and the hair, which was reddish-brown, dry, and crisp, was scanty. Over the general surface the skin was cool, dry, and wrinkled, fitted very loosely, and wanted elasticity; about the body it was more dropsical-looking than about the extremities, but it nowhere pitted on pressure. Upon the hands and feet it was loose and baggy, without any appearance of dropsy. During the extreme heat of the summer the skin perspired freely for the first time for years. The nails were normal. The axillæ were quite free from hair, as well as the trunk and limbs. On the face there were several hypertrophied sebaceous follicles, especially in the grooves by the side of the nose, and a few small moles; the patient did not know of their existence. The thyroid gland could be felt. The temperature was the same on both sides, and averaged 97·2° F. The blood-corpuscles were 99·98 per cent. The mucous membrane of the fauces looked pale and œdematous. Saliva escaped from the mouth upon the pillow, and there was frequent gulping with a gurgling

sound. There was some difficulty in swallowing. The speech was thick, and the words were uttered slowly, slurred over, and spoken through the closed teeth. In the act of defecation there was prolapse of both rectum and uterus. The anus projected at all times half an inch. The pulse, 78 per minute, was soft and weak. There was a slight roughness with the first sound of the heart at the base, and reduplication of the first sound at the apex. The abdomen was greatly enlarged and tympanitic, and the walls very lax. The liver and the spleen were normal.

The patient's memory was not as good as formerly—e.g., she forgot the ages of her children, and repeated questions already answered. She was of milder temper, and not so "nagging" as formerly. She often sighed, and would cry if not occupied. All movements were slow. When walking she reeled, and sometimes fell. The patellar reflex was readily produced. The patient could stand with the eyes shut. The muscles were fairly well nourished; they did not readily respond to either the interrupted or the constant current; even a strong current would not elicit contractions in the muscles of the hand for some time. The faintest possible contraction was obtained with forty cells of Stöhrer's battery in the deltoid, and neither a pricking nor burning sensation, nor the slightest muscular contraction could be obtained in the back with the same strength of current. Pains were frequently complained of in the feet, ankles, and shin-bones, often of a shooting character. Over the sacrum there was almost constant pain. At times it was worse, shooting up to the head, and then all the symptoms were worse; the tongue grew foul, the face more swollen, and at such times the hands would swell; the shooting pains were severe, and left the shin-bones tender, and the legs twitched. The deafness increased, and the ringing noises were louder. She always felt cold, and had feelings of shivering inwardly. There was always numbness in the hands and feet, with pins and needles. The sense of touch was about normal. The sight was dimmed by mists and showers of specks, and when the eyes were closed there was an appearance of concentric rings of various colours. The appearance of the fundus of the eye was normal. Taste was impaired, and the odour of even wallflowers could not be detected.

The labia pudendi protruded more than natural, the walls of the vagina were lax and soft, and secreted too freely. The cervix uteri was large and soft; the os was dilated, and the lips were everted. The cavity of the uterus was enlarged and its body was very movable. The ovaries, which could be grasped with surprising readiness, were not abnormally sensitive to pressure. The catamenia ceased nine months before admission. Before marriage the intervals between them were from one to four months. After her last confinement they came on every three weeks, lasted nine or ten days and were profuse, and during the last four years they contained large blood-clots. The urine averaged three to four pints a day, was acid, had a specific gravity of 1008 to 1010, and was of light straw-colour, and clear. There was a light white deposit on standing, but no albumen, sugar, or casts.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Gouty Deposits in Joints.—Hæmophilia.—Hydro-Salpinx and Pyo-Salpinx.—Calcified Adenoma of Skin and Scalp.—Sebaceous Adenoma of Scalp.

THE ordinary meeting of the Pathological Society of London was held on Tuesday last, December 6th, Dr. S. Wilks, F.R.S., in the chair. A specimen copy of the new volume of the Society's Transactions was shown by the President, who stated it would be distributed to the members in a few days.

Dr. NORMAN MOORE showed Joints, the Larynx, Kidneys, and Brain of a plumber, aged forty-seven, under Dr. Southey. The patient died a few hours after admission. He had had diarrhœa for five weeks. He had a well-marked blue line on the gums. Had had repeated attacks of gout. A white deposit of urate of soda was found in both knee joints, both great toe joints, fingers, elbow, and hip joints; none was found in vertebral joints. The deposit was very thick in the knee joints; and outside the joint in the fat much of the same material was found. A quantity of purulent fluid was found in the right knee, and clear serous fluid in the left knee-joint. In the larynx, below the outer end of each vocal cord, was a small, white deposit of urate of soda. There was advanced interstitial nephritis of each kidney with white streaks; but no urate of soda was to be seen under the microscope. In the pia mater on the left side in front was a small plate, measuring half an inch by a quarter of an inch. A trace of uric acid was found in it. Dr. Garrod mentions such a plate, and doubts whether it has anything to do with gout. The femur was also examined above the joint by Mr. Anderson, but no urate of soda was found in it. The liver was examined for lead, but without finding it; and as lead was not found in the body, it supports the view that the action of lead is to check excretion, and hence it especially injures men of intemperate habits.—Dr. DYCE DUCKWORTH saw the examination of this man. He thought the relation between lead and gout very certain. The most interesting point was the suppuration in one knee; this is very rare in gout; only five or six cases had been noted. Sir B. Brodie and Dr. Todd each recorded one in which there had been previous erysipelas. Mr. Hutchinson had amputated both great toes for suppuration, and Mr. Roper of Croydon had recorded one case. — Dr. CURNOW thought the question of suppuration in gout was hardly settled by this specimen. He recently dissected two limbs at King's College; every joint below the knee was crusted with urate of soda. There was no trace of inflammation in any joint. No deposit in vertebral joints or those of the upper limbs. The affection was perfectly symmetrical. Probably the suppuration in this case is an accident rather than connected directly with gout.—Dr. MAHOMED asked if there were any convulsions before death. The small hæmorrhage in the pons was like those often associated with uræmic convulsions. Was the pus in the joint thick, or was it an opaque serum? In some cases, possibly, gouty people with granular kidneys may be more liable than others to retain lead in their system.—Mr. MORRIS asked if the phalanges or metatarsal and metacarpal bones were examined for urate of soda, for in St. Thomas's Hospital there was a specimen of a metacarpal bone in which a deposit of urate of soda extended three-quarters of an inch into the bone. Pus sometimes occurs in joints from very slight causes, even from the irritation of a splint riding over a joint, as in a case recently under his care.—Dr. N. MOORE had not analysed any of the small bones, but he would have that done; no trace of deposit was visible on sawing the bones through. There were no convulsions during life. The fluid in the joint was distinctly purulent fluid. In the bone substance itself urate of soda is very rare.—Dr. WILKS was under the impression that he had often seen the deposit in bones.—Dr. SOUTHEY said there were no convulsions while the man was in the hospital.—Mr. FELIX SEMON said that two cases were on record in which gouty deposit had been verified in the larynx: one by Virchow, and one by Litten.

Dr. WICKHAM LEGG showed Tissues of a case of Hæmophilia. They were taken from a little boy who died in St. Bartholomew's Hospital. He was a well-marked bleeder. He received a small wound on the lip, and he died two or three weeks after from uncontrolled hæmorrhage. Some of the mucous membrane of the mouth, prepuce, and the skin between the toes were put into Miller's fluid eleven hours after death, and subsequently prepared for microscopic examination. He had not been able to detect any change whatever in the vessels. Dr. Percy Kidd had found in one case the nuclei of the vessels more numerous, especially in the veins, and the muscular coat of the arteries thickened. In three cases no changes have been found, but in Kidd's and Bühl's cases increase of nuclei has been found. Nothing was observed at the autopsy except well-marked fatty infiltration, such as is common after death from all prolonged hæmorrhages. In one knee-joint some fluid blood was found, and the synovial membrane was coloured. Dr. Legg showed a genealogical tree 200 years long, showing the disease attacking the boys, but descending through the girls. But when a bleeder has children of his own, as a rule, they enjoy perfect health; in one family a man had seven healthy boys and one girl who had five sons all bleeders. Similar facts are seen in diabetes insipidus and Duchenne's paralysis. A tree of a colour-blind family showed, illustrated the same facts. —Dr. WILKS asked if the blood was examined during

life.—Dr. LEGG replied that it had not been. At first these cases show nothing wrong in the blood, but after prolonged hæmorrhage there is an increase in the number of white corpuscles. He believed it was a change in the tissues, but had no evidence of what it is.—Mr. EVE remembered that Mr. Hutchinson said that multiple exostoses were transmitted in this peculiar manner, and there was a specimen in St. Bartholomew's Hospital museum bearing out that statement.—Dr. WILKS remarked that the cause of hæmorrhage may be a very slight one. Every exanthem, and indeed every organic disease, may be attended with more or less extensive hæmorrhage, it was therefore probable that a very slight disturbance in the normal relation between the blood and the vessels would lead to bleeding.

Mr. LAWSON TAIT showed a series of specimens, twelve in number, illustrating the pathology of Hydro- and Pyo-Salpinx. They had all, with one exception, been removed by him with the ovaries by abdominal section. Short histories of nine of the cases were given, from which it appeared that the patients varied in age from twenty-eight to fifty-one, all but one were married, and with one exception had been pregnant. They had been under long treatment for severe pain and menstrual irregularity. The specimens consisted of more or less dilated and thickened Fallopian tubes, with adherent ovaries. Some of the tubes had contained serous, and some of them purulent fluid. The features common to all the cases were (1) a history of some previous attack of inflammation in the pelvis; (2) pain on exertion and during sexual intercourse, and during menstruation very severe pain; (3) irregular and profuse menstruation; (4) tender fluctuating swellings on the sides of the uterus, fixed in the pelvis. No treatment besides excision of the uterine appendages was of any use. Tapping the tubes is very difficult and of no use. The removal is very difficult, as the tubes are adherent to intestines, bladder, and ovaries. All his operations—twenty-two—have recovered, and all are completely cured. Menstruation has been stopped completely, and the marital function restored. The condition probably commenced in ovaritis, during which the end of the tube becomes adherent to the tube, and then the inflammation extends to the tube and occludes its uterine end; the fluid is most often serum, but often blood. He showed a ruptured right Fallopian tube removed from a woman who died suddenly. — Mr. ALBAN DORAN observed that the pathology of diseases of the Fallopian tube was rendered obscure by erroneous notions concerning the relations of that structure to the ovary. In all works on anatomy the tube was represented as running directly outwards from the uterus, the fimbriæ floating freely from the extremity, with the exception of one fringe, which ran directly downwards to the ovary. This organ was supposed to lie transversely in the pelvis, entirely below the tube. Hence for the ova to reach the tube the theory of the "morsus diabolæ" had been invented. Professor His has shown what Mr. Doran had often observed in dissection, that the ovary actually hangs with its long diameter almost vertical, close below the brim of the pelvis. The tube runs over its upper part and then turns downwards over the free border of the ovary. Hence the ovary lies on the fimbriæ and the ovarian fringe runs upwards, not downwards. The ripe ova have simply to drop into the tube and may fall at once among spermatozoa, just as a piece of bread dropped off a bridge falls among a shoal of small fish. A very slight local inflammation may rapidly glue all the fimbriæ on to the ovary; the tube then dilates. Instead of the dilated tube rising high above the ovary, as would be the case were the usual ideas on the relative anatomy of the part true, we always find half the dilated tube external to and below the ovary. For the same reason tubo-ovarian cysts lie outside or below the ovary, and never above it, and when a fœtus lies in the outer third of the tube the ovary will be found above the fœtal sac, between it and the inner third of the tube. This morbid condition has often been mistaken for ovarian fœtation, simply because the fœtus lay below the ovary. Mr. Doran believed that suppuration of the tube was either gonorrhœal or due indirectly to the constant irritation of uterine sounds, not always carefully cleaned; for many of Mr. Tait's patients had been examined by several medical advisers. Mr. Doran indicated, from Mr. Tait's specimens, how intimately the tube and ovary become glued together and how the mucous membrane of the tube becomes like the lining membrane of an abscess.—Dr. WILKS expressed the thanks of the Society to Mr. Doran for his able and lucid explanation of very important anatomical, physiological, and pathological facts.—Mr. R. THORNTON corroborated Mr. Doran's statement of the position of the Fallopian tube. It was important to know how often conditions of this kind lead to a fatal result. Once he opened a pyo-salpinx, and the woman died from hæmorrhage from the cyst. In one case of hydro-salpinx he had opened the tube, and the patient had afterwards become pregnant, showing that the condition was curable.—Dr. WILKS remembered two cases in which pyo-salpinx was the apparent source of pyæmic poisoning.—Mr. TAIT expressed his indebtedness to Mr. Doran, and corroborated his views of the position of the tube and ovary. He thought that not one-tenth of the ova coming to maturity ever get into the uterus.

Mr. EVE showed a Calcified Adenoma removed from the back of a young man. It was an encapsuled tumour, impregnated with lime salts. Microscopic sections showed the tumour was made up of epithelial cells, tortuous, anastomosing, and branched columns. The cells were very small. The stroma was filamentous connective tissue. Some of the larger columns contained round masses of granular matter, apparently from degeneration of the cells, and were probably the seat of the lime salts. The father had a similar tumour and of similar character; his brother had three similar tumours; his aunt had similar tumours beneath the skin. This tumour resembled those described by Malherbe as calcified epitheliomata of skin. Dr. Malherbe saw specimens of this tumour, and confirmed this view. Mr. Eve could not agree with this name, as they possess all the clinical characters of benign tumours, and microscopically they differ from epithelioma in the absence of infiltration, the small epithelial cells, and regular arrangement of the tumour. Dr. Malherbe says they always grow within sebaceous cysts. If so, they are like proliferous growths in cysts in the mamma. Mr. Eve also showed a Calcified Adenoma of the Scalp, and four specimens of like tumours from the Royal College of Surgeons.—Dr. WILKS said Malherbe brought twelve cases, and at the Congress more were shown by English pathologists. It was very interesting to see so many growths shown, proving they were not rare in this country.—Dr. THIN remarked that the structure of the tumour shown by Mr. Eve was identical with that of the epithelial growth in the border of a rodent ulcer, excised from the cheek of a woman aged fifty-four, and which is described in the thirtieth volume of the Transactions of the Society. Mr. Eve's case added another to several examples brought during the last few years before the Society, in which solid tumours in the skin had been found to consist of the epithelial growth that characterises rodent ulcer.

Mr. SHATTOCK showed a specimen removed from the scalp by Mr. Marshall; he called it a Sebaceous Adenoma. There was no evidence of its origin within a capsule, but it resembled an adenoma of the breast, the epithelium is ill-formed, and only fills the acini. It is not apparently malignant.—Dr. PYE-SMITH said the term epithelioma, as used here, is employed on the Continent to denote a benign epithelial tumour.—Mr. EVE thought there was no evidence that the tumour he showed was malignant.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Cranial Osteophytes in Congenital Syphilis. — The Burial of Infected Bodies.

AT the meeting of the Society on November 28th, Dr. Broadbent, President, in the chair,

Dr. RADCLIFFE CROCKER brought forward a case of Congenital Syphilitic Osseous Thickenings and Enlarged Spleen. The case was that of a male infant, eleven months old. The mother had had eleven children, of whom three are alive and in good health. The patient was a seven months' child, and has cut no teeth yet. His skin is sallow and waxy-looking; but he is well nourished. There are symmetrical osseous thickenings on each frontal bone about an inch and a half in diameter, commencing about an inch above the orbits, which are separated by a sulcus of the breadth of the finger. The anterior boundaries of the fontanelles are thick; but the posterior thinner than normal. There is no cranio-tabes. The spleen is much enlarged, extending two inches and a half

below the ribs, and measuring three inches across.—Dr. SANSOM fully concurred in ascribing the cranial thickenings described by M. Parrot to congenital syphilis; and pointed out that in the rachitic skull the margins of the fontanelles were shelving, and not thickened by nodular prominences, as in syphilis.—Dr. BROADBENT also concurred with M. Parrot as to the syphilitic nature of the symmetrical bosses on the frontal and parietal bones; but could not adopt M. Parrot's dictum ascribing all rickets to syphilis.

Dr. ROUTH read a paper on the necessity of adopting a different mode of Burial in Cases of Death from Infectious Diseases. After some general remarks as to the quality of the soil of burying-grounds, whether clay or gravel, the complete impermeability of the first retaining poisonous substances, and the porosity of the latter allowing the volatilisation and percolation of the same, and the different influences on communities when the graves were reopened for burial or sewerage, when, according to Robin and Verdeuil, the solvent power of the fluid which had passed through the soil was much increased, he noticed: 1st. The effect of ptomaines or cadaveric alkaloids as shown by the experiments of Dr. B. W. Richardson, who first extracted these salts, by Dr. Letheby, and later those of Bouchardel and Bourtmey. The evil influences of these on communities would be chiefly communicated by solutions, more rarely by volatilisation of the alkaloids. 2nd. The spread of soil diseases, such as splenic fever, typhoid and intermittents, by bacilli, as shown by Klebs and Crudelli, and Pasteur's experiments in the same direction, showing that not only the soil, but the miasmata around it communicated the diseases, though the experiments were incomplete as regarded some of the infectious diseases of this type and their effect on the surrounding air. The soil infected in this manner, and the vegetation upon it, were proved to communicate the disease even twelve years after the burial of the diseased animal. 3rd. Diseases, also infectious, were communicated by *cocco bacteria*. The aerial miasmata were here more general, but Dr. Routh pointed out that the solid substances, and not the liquids, were the infecting agents. He instanced the case of a remarkable epidemic in Quebec, which had occurred in 1854–5, and which was traced to the opening of a cemetery in which, 214 years previously, a large number of small-pox cases had been buried, for drainage, and at a depth much below the levels employed for interments. The conveyance of bodies dead from plague from Mesopotamia to the sand-vaults of Nedjeff and Carbola was believed also to be the common cause of its recurrence in those parts. The occasional exceptions to these noxious influences were due to acclimatisation and atmospheric changes, possibly connected with more extended oxygenation. 4th. He then proceeded to speak of the modes of burial of infected bodies in this country, and showed how inadequate they were to prevent the further development of infectious diseases, and more especially in certain soils. 5th. He then enumerated the various modes proposed for disposing of corpses. (*a*) *Cremation*, to be used undoubtedly with all of the lower animals, but objectionable because opposed to Christian prejudice, and likely to prove an incentive to crime. (*b*) The *Neapolitan method* by quicklime pits, an excellent plan, but not likely to be adopted in England. (*c*) The *wicker-basket* coffin of Mr. Haden was likewise objectionable. Ten years would not destroy the bacilli, which had been found twelve years after burial, nor kill the worms which nurtured in their bodies and brought the bacilli to the surface; and family graves must often be opened before ten or twelve years had expired. (*d*) The *incrustation of dead bodies* with a *stony deposit* after *Crulz'* method was next described. The transmission of such heavy carcases and the expense were the chief objections. (*e*) *Embalming* after the Italian method was not practicable, because although very effective, it was a secret process and very expensive. 6th. Burials in the coffins now used, but surrounding the dead body with charcoal, appeared to be the most practicable plan. Charcoal—particularly animal charcoal—was antiseptic, a deodoriser, and a slow burner of all bodies. In it no animals of a low type could live from the power it had to absorb all gases, specially oxygen. It was likewise cheap and easily attainable. Basing his views upon the evidence adduced by Dr. Richardson in its favour, it was the plan he preferred to recommend.—Dr. RICHARDSON said that he had first obtained the cadaveric alkaloids in the acicular crystalline form from some putrid peritoneal fluid. He had shown how the intensity of the virus increases by transmission; so that at last the smallest amount inoculated sufficed to produce a fatal result. Alkaloids probably play a chief part in the processes now so generally attributed to germs. In their great liability to degenerate on keeping, these crystals resembled in some respects the poison of the viper. As to burial, he had no evidence to show that our present mode did spread disease; and some years ago he was unable to learn from any of the London undertakers a single instance of infection from handling a body. He agreed that the objections to cremation seemed, at present at least, to be insuperable; but he thought Mr. Seymour Haden's plan a great advance. The Italian method of embalming consists in an injection of chloride of zinc into the arteries, followed by the use of a silicate, and varnishing the exterior. Burial in charcoal was excellent; and he now always advised this in infectious cases, the charcoal being placed in cushions.—Dr. ROGERS thought it had been fully found that intra-mural burial was fraught with great danger to the living. Decomposition should be hastened as much as possible. An outbreak of cholera in Soho, and also a fatal outbreak of scarlet fever, had followed on the disturbance of old burial-grounds; and he doubted the immunity of undertakers' men from contagion from those who had died of infectious diseases. Burial in clay soil was bad. Charcoal was inefficacious. Medical officers of health should consider what should be done with those who had died from small-pox, enteric, and typhus fevers. For himself, he would insist on a certain quantity of quicklime being placed in the coffin of every infectious subject.—Dr. CRISP did not believe the common earth-worm really destroyed the human body. In spite of imperfect burial of carcases in the time of the cattle plague the disease had not reappeared. He did not think gravediggers were ever infected.—Dr. HERON thought facts were still wanting to prove that graveyards were really prejudicial to public health, and cited the extensive burial of bodies of those dying from enteric fever and small-pox during the siege of Paris, all around and within the city. An early outbreak of fresh disease was feared, yet the death-rate in 1872-3 from enteric fever was amongst the lowest of the previous twenty years; and the death-rate from small-pox had steadily diminished. Bacilli are not destroyed by carbolic acid or charcoal; indeed, they have been shown to flourish under the influence of carbolic acid solution. No doubt great heat was a perfect destroyer of germs; but perhaps English people were hardly yet prepared to adopt its embodiment in cremation.—Dr. ROUTH, in reply, gave two instances of infection conveyed by dead bodies, and asked why intra-mural burial-grounds had been closed if they were not prejudicial to health, and if all the literature on the subject, and the Acts of Parliament which dealt with it, were based on error. He did not think the earth-worm fed on the buried flesh; but it might bring up germs originating or emanating from the decomposing tissues. Freshly prepared charcoal could be obtained in unlimited quantities from Thames mud.

MIDLAND MEDICAL SOCIETY.

THE second ordinary meeting of the session took place on Wednesday evening, Nov. 16th, at the Medical Institute, Birmingham, John Manley, Esq., President, in the chair. The following gentlemen were elected members of the Society:—Dr. Bendall, Queen's Hospital; Mr. T. V. De Denne, Cradley Heath; Dr. Dodds, Borough Asylum; Mr. R. Fonceeca, Children's Hospital; Dr. Berry Haycraft, Mason College; Mr. R. M. Hormazdji, Cheltenham; Mr. G. Latham, West Bromwich Hospital; Dr. Edgar Underhill, Tipton Green; Mr. R. Walford, Guest Hospital, Dudley.

Dr. SAUNDBY showed a Heart from a Case of Bright's disease. It was enlarged; weighed twenty ounces; its cavities were dilated, and there was stenosis of the mitral and tricuspid valves.

Mr. EALES showed, for Mr. F. L. Phillips, Microscopic Specimens, and Microphotographs, of Filaria Sanguinis Hominis, kindly lent by Dr. Stephen Mackenzie, and taken from his case of hæmato-chyluria reported at the Pathological Society's meeting on Oct. 18th.

Mr. EALES showed a coal-miner, aged seventeen, who had met with an accident in which the head was severely compressed between two coal-trucks. This caused loss of con-

sciousness, lasting three days, and bleeding from the left ear. Diplopia, which existed after the injury, ceased on the fourth day, when the left eye became suddenly protruded and rapidly blind. When first seen five weeks after the accident the eye was protruded, glaucomatous, T = + 3; the iris was dilated to the extreme, and immovable; the anterior chamber was shallow, and the humours hazy; the cornea was clear, and free from ulceration; the eyelids completely covered the eyeball, and were swollen and red; the conjunctiva was chemosed and injected; there was complete paralysis of the left third, fourth, fifth, sixth, and seventh nerves; the left nostril and angle of the mouth were ulcerated; hearing in the left ear was diminished in acuteness. A doubtful pulsation of the orbital contents gradually became more and more marked, till the supra-orbital and frontal veins became largely distended, pulsated, and gave rise to a thrill. Mr. Eales thought the absence of ulceration of the cornea, in spite of the presence of glaucoma and paralysis of both the fifth and seventh nerves, interesting, and probably prevented in this case by the upper lid having dropped, and so protected the cornea. The occurrence of glaucoma was also of interest. He expressed the opinion that the fracture had occurred through the petrous portion of the temporal bone, and so produced probably an aneurismal varix, formed by the internal carotid and the cavernous sinus, and proposed ligature of the common carotid as the proper mode of treatment. Much discussion ensued, and Mr. Eales replied.

Mr. T. F. CHAVASSE showed a specimen of Sarcoma of the Breast taken from a multiparous woman thirty-seven years of age.

Dr. R. SAUNDBY read a paper on "The Influence of Bright's Disease in Developing Latent Valvular Disease of the Heart." He referred to cases which had come under his own observation in which persons suffering from valvular disease acquired in early life had attained a good old age. The heart shown previously was taken from the body of a man who had had an attack of acute rheumatism twenty years ago, since which time he had been subject to attacks of palpitation, but had been able to perform the duties of an active and laborious life until a few months ago, when the first symptom of chronic Bright's disease showed itself by the necessity to rise at night to make water. This was rapidly followed by œdema of the ankles, which soon extended to general anasarca and death from cardiac failure.

Mr. JORDAN LLOYD read a paper on a Case of Ligature of the Common Carotid for gunshot wound at the root of the neck. The patient, a man aged thirty-eight, was struck in the root of the neck, about an inch above the inner end of the left clavicle, with a portion of a bullet, which splashed from a target. This fragment of lead weighed only forty-three grains, had perforated to the front of the body of the last cervical vertebra, and contused the inner side of the carotid artery and internal jugular vein; but had not probably opened either. There was considerable hæmorrhage at the time. The bullet was removed on his admission to the Queen's Hospital. He progressed fairly till the fifth day after the accident, when, during the straining of defæcation, a violent outburst of hæmorrhage occurred from the wound, amounting to twenty ounces. This was readily checked, and did not recur till the following day—twenty-eight hours afterwards—when only one ounce of blood was lost, the hæmorrhage ceasing spontaneously. In the evening of this day the carotid, which was injured, was tied about an inch and a half from its origin. During the operation, the vessel was caught in Spencer Wells' forceps, and two catgut ligatures applied, and tied with a double reef, followed by a single reef knot. Bleeding was at once checked, but returned in a few minutes; Wells' forceps were then again applied, and left *in situ*. The patient died about eight hours afterwards. The points of interest were: (1) The justifiability of the removal of the fragment in the first place to lessen the well recognised danger of deep-seated inflammation and suppuration in the neck; (2) the difficulty of diagnosing the source of hæmorrhage; (3) the comparative ease with which the operation, apparently one of extreme difficulty and danger, was really accomplished, an event entirely due to the use of Wells' forceps; (4) the insecurity of the double reef knot, when followed only by a single one; (5) the cause of death, which appeared to be due to narcotic poisoning and pulmonary thrombosis, the former resulting from the subcutaneous injection of a quarter of a grain of morphia in a patient whose kidneys were markedly granular; the latter from emboli, carried from an organising thrombus found, post mortem, in the internal jugular, subclavian, and left innominate veins.

SURGICAL SOCIETY OF IRELAND.

THE opening meeting of this Society for the present session took place recently, when the President of the Colleg Mr. Samuel Chaplin, delivered the inaugural address. Having alluded to the deaths of Drs. McClintock and Hayden, to whose memory he alluded in feeling terms, Mr. Chaplin directed his remarks more particularly to the working of the Contagious Diseases Act in Kildare, which he was well qualified to ascertain, holding as he does the appointment of visiting surgeon to the district and lock hospital. He showed by statistics the number of persons admitted for venereal diseases both before and after the Act came into operation, and was in a position to justify his assertion that the Act had been most beneficial in its working, as proved by the admissions and the gradual decrease of disease among the soldiers located at the Curragh. He stated as a positive fact that the soft form of chancre was very often followed by secondary effects; but confessed himself unable to distinguish the non-infecting from the infecting soft sore. Mr. Chaplin described the wretched appearance of the unfortunate women—commonly known as "Curragh Wrens"—before the Act was passed, and the beneficial change which had afterwards taken place in their habits, language, and appearance; while a considerable number had abandoned their mode of life and returned to their friends, or were admitted to reformatories.

At the termination of the meeting, Professor Cole of San Francisco exhibited a new gas cautery which he had introduced.

Reviews and Notices of Books.

A Treatise on Bright's Disease and Diabetes. By JAMES TYSON, A.M., M.D. Philadelphia: Lindsay and Blakiston. — This is a work which thoroughly represents existing knowledge concerning Bright's disease, and that within a comparatively small compass. It opens with a chapter upon the Structure of the Kidney and the Mechanism of Renal Secretion. This is followed by one on Albuminuria, in which the various doctrines as to its production are clearly set forth, the author inclining to the view that obstructed circulation has more to do with the escape of albumen than changes in the vessels, urinary tubules, or blood; although such changes no doubt assist in the process. His classification of Bright's disease is much the same as that adopted by Grainger Stewart—namely, acute Bright's disease, of which he recognises only an acute parenchymatous nephritis; and chronic Bright's disease, embracing the three varieties of chronic parenchymatous nephritis, lardaceous disease, and interstitial nephritis. There are separate chapters also upon Cyanotic Induration and Suppurative Interstitial Nephritis. When dealing with the pathology of the acute form, he enters at length into the subject of glomerulo-nephritis, relying chiefly upon the recent contribution of Langhaus to a subject to which Klebs was the first to call marked attention. A separate chapter on the Retinal Changes in Bright's Disease is contributed by Dr. Norris. The work concludes with chapters on Diabetes Mellitus and Insipidus. Under the former, we find a description of lipæmia and of fatty embolism, which have but lately received attention, and an ophthalmoscopic drawing representing intra-ocular lipæmia is given as a frontispiece to the book. This condition, which has not hitherto been described, is "characterised by the light salmon-colour of the blood, contained in the branches of both retinal vein and artery, as contrasted with the yellow-red colour of the arteries and the dark cinnabar-red of the veins in health, by the apparently large diameter of these vessels, and by the very light colour of the fundus, these appearances being due

to the presence of molecular fat in abnormal amount in the blood" (p. 261). To those who wish for a clear and trustworthy account of our present knowledge upon the pathology and treatment of the diseases here described, this book may be recommended. It is moreover well printed, and it is deserving of a far better index than has been appended to it.

Davos Platz, and the Effects of High Altitude on Phthisis. By ALFRED WISE, M.D. London: J. & A. Churchill. 1881.—This is about the best of the many books on Davos which we have read. The author's wish seems to be, not merely to give the *pros*, as do most writers on climatic health-resorts, but to put before the reader some of the *cons* as well. Among the occasional drawbacks to Davos are: 1. The Föhn wind, which, owing to its heat and dryness, thaws the snow, produces a damp air, and causes colds and bronchitis among the inhabitants. The Föhn is less felt at Davos than at many other places; but, nevertheless, it *is* felt, and in 1878 it blew so often as seriously to interfere with the out-door amusements of the visitors. 2. Davos is dull, and it is absolutely necessary that patients who go there for health should be provided with some settled employment, which they can take to when the weather is unfavourable and during the long hours of the winter evenings. 3. Davos is fast getting rather densely populated, and the question of sewerage and the emptying of cesspools is becoming one which demands the attention of the sanitary authorities. 4. The meal hours in the English hotels are not, as a rule, suitable for invalids. Dr. Wise recommends a more solid breakfast, a light supper instead of the late dinners, and the most substantial meal in the afternoon. Seeing, however, that visitors go to Davos for the one object of sitting in the sun when the sun is up, would it not be better to adopt the French custom of a *déjeuner* at ten and a dinner at five, with some coffee in the early morning and a basin of farinaceous food at bedtime? Finally, Dr. Wise protests against the inhumanity of sending advanced cases of phthisis to such a situation. There can be no doubt that Davos is an invaluable resort for many young and active people with incipient phthisis; but how many have been thoughtlessly sent there to die by ignorant persons, or have gone on their own account in response to gushing descriptions by poetical but unpractical *litterati*, it is impossible to say. It is a good rule never to send a patient to a spot that one is personally ignorant of without the advice of someone who from actual knowledge is able to afford true guidance. Dr. Wise's little book will be found full of useful information.

Sampson Low and Co.'s Standard Medical Library.—We have received from Messrs. Sampson Low and Co. a set of twelve volumes, forming their "Standard Medical Library." The works consist of the following:—Rosenthal's Diseases of the Nervous System, 2 vols.; Trousseau's Treatise on Therapeutics, 3 vols.; Piffard's Treatise on the Materia Medica and Therapeutics; Poulet on Foreign Bodies in Surgery, 2 vols.; Wilson's Treatise on the Continued Fevers; Buck on the Diagnosis and Treatment of Ear Diseases; Mundé on Minor Surgical Gynecology; and Keyes on Venereal Diseases. The books are of uniform size, neatly bound, and printed in clear and bold type. Of their literary and scientific merits we do not in this place attempt to speak. Some of these volumes have already been reviewed in our columns; others will be noticed in due course. We congratulate the publishers on their enterprise in thus introducing what we believe to be a novelty in medical literature in this country.

The Note-book of an Amateur Geologist. By JOHN EDWARD LEE, F.G.S. London: Longmans. 1881.—This work, which is handsomely got up, contains a large number of jottings, casual observations, and sketches which Mr. Lee has accumulated in his note-books in the course of a long series of years. The earlier ones date back to 1829, whilst the later ones have the date of 1860. The book is remarkable for the immense number of illustrations it contains as compared with the small amount of letterpress, the latter occupying only 90 pages, whilst the former number 209, besides which there are several woodcuts. To a professed geologist the illustrations probably explain themselves, but it seems to a non-professional reader that the book might have been made more interesting by entering into fuller details. Some of the plates seem to be hardly worth the engraving, being, as in the case of Plate X., merely a series of sinuous horizontal lines, the relations of which could have been as well presented to the eye by letterpress as by a sketch. It scarcely needs a drawing to impress on the mind that in a given section there is a thin layer of alluvium succeeded by a bed of rubbly stone, which again overlies a bed of rather soft stone one foot and a half thick, which rests on a layer of sandy reddish loam one foot thick, and so on. If the strata were coloured, or their organisation, if such an expression may be used, were shown in the drawing, our objection would fall to the ground, but it is a strong term to dignify such a sketch with the name of a plate. Some of the drawings are, however, more carefully finished, and the characters of the rocks near Chamounix, the peculiar relations of trap to chalk at Dunluce Castle, the weathering of trap at Blackhead, the Auburg in the Dolomite country, Staffa, the parallel roads of Glenroy, St. Michel le Puy en Velay, and many others, are very instructively given, and the author must have considerable talent in sketching.

Manual of the Principles and Practice of Operative Surgery. By STEPHEN SMITH, A.M., M.D., Surgeon to Bellevue and St. Vincent Hospitals, New York. London: Sampson Low, Marston, Searle, and Rivington. 1881.—This is not a new work. An American edition was published last year, and noticed by us at the time (THE LANCET, 1880, vol. i.). The edition before us is a facsimile of that, the only difference being that the English volume is issued with uncut edges. We need not repeat what we have already said about this work, and will content ourselves with saying that we are glad that an edition of it has been published in this country.

Technical Vocabulary, English-French. By Dr. F. J. WERSHOVEN. London: Hachette and Co. pp. 291. 1881.—This is a handy little dictionary, containing most of the words and phrases in use in the physical, mechanical, and chemical sciences, and those employed in the application of these sciences to the various industrial arts. It would be easy to point out faults of omission, such common words as "forcing-pump," "injector," "analyser," "bellows," "resistance-coil," and many others, being absent. Those terms, however, and they are numerous, which are admitted have correct equivalents in the two languages, and we have no doubt the work will prove useful to visitors attending international exhibitions.

The Monthly Military Budget for the Army and Auxiliary Forces. No. 1, November, 1881. Clowes and Sons, Limited.—The object of this new monthly periodical is to furnish a handy book of reference embodying all matters of interest both to the Army and the Auxiliary Forces, and chronicling them in a clear, but succinct manner. It will form a digest kept up to date of all occurrences, changes, publications, and topics connected with the various branches of the Army, its Auxiliaries, and Reserves. It also contains classified indices to the General Orders, Army Circulars, Army Forms, and Books from the beginning of the year up to date, which cannot fail to prove useful. If succeeding numbers are as carefully prepared, and as well brought out as the first number, the "Budget" cannot fail of success.

MESSRS. J. & A. CHURCHILL have issued a very useful Table of the Average Weights of the Human Body and Brain, and of several of the internal organs, at eighteen periods of life, in both sexes. The table is compiled and

abridged from Dr. Boyd's researches in upwards of 2000 post-mortem examinations made at the St. Marylebone Infirmary, communicated to the Royal Society by the late Dr. Sharpey, and published in the "Philosophical Transactions" of 1861. The figures are printed distinctly in two colours for males and females respectively. The table is mounted on glazed cardboard, and intended to be hung on the wall for easy reference.

New Inventions.

THE SIEMENS GAS-BURNER.

AMONG the many interesting scientific and economic exhibits in the Smoke Abatement Exhibition, it is certain that Siemens Regenerative Gas-burner is second to none. The inventors have applied to gas-burners the principle which has long been identified with their regenerative smelting furnaces, and, as far as illuminating power is concerned, with the best results. Without the aid of diagrams the exact construction of the Siemens burner is difficult to explain. The gas is conveyed to the flame by means of a circle of copper tubes. By the aid of a chimney of peculiar construction the products of combustion, having a temperature of 900° F., are drawn downwards through the centre of the flame to their point of escape, and in their passage they are made to heat the gas which is on its way to the flame, and the air which is being supplied for the combustion of the flame. The temperature of the flame is thus raised to a height very much greater than that of ordinary gas flames, and the combustion is proportionately more complete. The illuminating power is further heightened by the use of a hollow white porcelain shield, around which the gas is delivered. The products of combustion are all drawn off by the chimney, the exit from which should be outside of the chamber to be illuminated. It is asserted that with an hourly supply of twenty-six feet of sixteen-candle gas an illuminating power of 144·9 sperm candles of six to the pound is obtained. This is a great result. Practically the flame is too bright to look upon, and must prove a formidable rival to the electric light. From an æsthetic point of view the Siemens burner and chimney is not in its crude form a desirable object; its decoration, however, is, we are informed, merely a matter of money.

BRIGHT'S SELF-ACTING FIRE-DETECTOR.

THE great merit of this little piece of apparatus is its extreme simplicity. It consists merely of a spiral spring enclosed in a metal box. When the box is heated the spring expands, and in so doing establishes a connexion between the line-wire and the earth-wire of an electric bell, and this sets the bell ringing to warn those within hearing that there is a danger of fire. The spring can be set, as it were, to any temperature, and Mr. Bright recommends that in England it should be set at 110°. The specimen which we have seen, established the necessary connexions for ringing the bell immediately on the application of a spirit-lamp flame to the box. The value of early intimation in case of fire cannot be over-estimated, and the Shakespearian motto on the outside of Mr. Bright's descriptive pamphlet has been well chosen:—

> "A little fire is quickly trodden out;
> Which, being suffer'd, rivers cannot quench."

PROFESSOR FLOWER has been elected a trustee of Sir John Soane's Museum, on the recommendation of the President and Council of the Royal Society, in the vacancy occasioned by the decease of Sir Philip de Malpas Grey Egerton, Bart., M.P.

"THE WATER-SUPPLY OF EXETER."

To the Editor of THE LANCET.

SIR,—My attention has been drawn to a paragraph in THE LANCET of the 3rd inst. on the water-supply of Exeter. Were it possible for one moment to suppose that the word "Exeter" in the heading is anything but the result of an accident which, when brought to the notice of the Editor, will be met with the most ample apology, I should have characterised the paragraph as a tissue of the grossest falsehoods.

There has been no Local Government Board inquiry in Exeter on the subject of the water-supply; and, moreover, the water which the Corporation furnishes to the consumers has found a very high place in the recent (independent) valuation (Wigner scale) of waters supplied for domestic use in the principal towns of the kingdom (see the *Analyst* for November, where the Exeter water is classed as "exceptionally good"). But, Sir, if there has been no such inquiry at Exeter, there has been one at another town whose name begins, unfortunately perhaps for us, with the same vowel; and a perusal of some observations on that inquiry in the *Journal of Gas Lighting* for November 15th will satisfy you of the unfortunate mistake into which you have been betrayed.

Such a statement in such a journal as yours, if not promptly contradicted, cannot but have a very damaging effect both upon the city and its rulers; and I confidently ask you to afford us all the reparation in your power.

I am, Sir, your obedient servant,

BARTHOLOMEW C. GIDLEY,
Town Clerk.

Exeter, Dec. 6th, 1881.

To the Editor of THE LANCET.

SIR,—Having read a paragraph in your issue of the 3rd inst. with the above heading, I have to inform you that there is not one single word of truth in the allegations made with reference to the Exeter water undertaking, to which I am engineer.

I am, Sir, your obedient servant,

H. PERCY BOULNOIS, M.I.C.E.

City Surveyor's Office and Exeter Corporation Water, Bedford-circus, Exeter, Dec. 5th, 1881.

*** We have to thank the Town Clerk of Exeter for his courteous letter, and for the suggestion which has led to the discovery of a misprint in our columns of the 3rd inst., which had not previously attracted our attention. The paragraph he refers to related to *Ely*, and not to *Exeter*, and we are more grieved than we can well express that the blunder in the name of the town has occurred. The Town Clerk's letter and the subjoined note from the Engineer of the Exeter Waterworks furnish ample evidence of the excellence of the water-supply of that city, and we have to express our great regret to the sanitary authority of the city and their officers that we should unwittingly have been led into so gross an error, and to apologise in the fullest manner for the annoyance the mistake must have caused them and their officers.—ED. L.

THE DEFENCE OF SCIENTIFIC RESEARCH.

To the Editor of THE LANCET.

SIR,—May I through your columns remind those gentlemen who propose starting an association for the defence of scientific research, that there are already two medical defence associations? Why should not one of these undertake to protect any subscribing qualified medical man or scientist from persecution or injury in any form connected with professional work? By having so many societies, the funds are so subdivided that all are crippled for anything likely to prove very expensive, as a test case involving expensive appeals. Were there only one society, I believe it would receive very general support, and in case of extra heavy expenses, a levy might be made, as is done by some sick benefit societies, to meet expenses.

I am, Sir, yours truly,

A. PHILLIPS HILLS.

Carlton House, Battersea Park, Dec. 1881.

THE LANCET.

LONDON: SATURDAY, DECEMBER 10, 1881.

THERE never was a more favourable time for putting our Medical Examination System on a satisfactory and permanent basis. The delays and the discussions of the last ten or twelve years have prepared the way for a reform that was before that time impracticable. Nineteen bodies competing with each other, and all comfortably and self-complacently meeting in the General Medical Council and endorsing their own regulations, were conceived of as an arrangement that could not be touched with impunity. Bodies that before 1858 had jurisdiction over only a few neighbouring counties received powers of granting diplomas for the whole of the wide dominions of the QUEEN; and each body acquiesced in the one-sided character of its diploma, so long as it admitted to the Register and brought "grist to the mill." True, a man with only the licence of a surgical corporation found himself perfectly helpless in enforcing the payment of nine-tenths of his bill. For all Poor-law appointments he was disqualified; and for attendance in all the principal diseases of his patients—the bulk of medical practice—he had not the power of recovering charges. We speak in the past tense as if this were a mere matter of a remote time; but it is all true of the existing state of things, and such impotent parchments would be dispensed till domesday if it were left to the corporations, or to the majority of them, to decide. Thanks, however, to their resistance, we have now a Royal Commission; light has been let in on the whole clumsy, costly, and indefensible system; and there seems a chance of getting a Board in each division of the kingdom, "above suspicion," with guarantees that no minimum shall be devised which will permit different views as to the course of the femoral artery, or of the hypochondrium in which the liver is lodged; and that when a man passes this Board he will have a diploma that will enable him to recover, in any division of the kingdom or in a County Court action, charges for attendance in any case of medicine, midwifery, or surgery. There is, too, let us hope, a prospect of a Medical Council of Education and Registration which will have the courage and the disposition to deal both with medical education and registration—to improve the one and to purify the other; a Medical Council in which the practical side of the medical calling shall have some representation and some consideration.

These reforms are facilitated not only by the way in which the faults and defects of the present system have been elucidated, but by the growing disposition in the young men of the generation to study medicine. Medical reformers have been occasionally told that if their reforms were carried out, the supply of medical men would be arrested or curtailed, and that improvements in education would unfit them for less pretentious and profitable medical work. There is nothing to countenance such a view. The improvement in examinations which have certainly taken place of late years under the pressure of public opinion, has rather seemed to add to the supply of medical students, which continues to grow. This is brought out well in the Medical Students' Register, published this year. In this Register there is an instructive table, compiled by Mr. MILLER, giving "the number of medical students registered during each year in each of the three divisions of the United Kingdom, from the commencement of students' registration in 1865 to the end of 1880." The figures are significant. In 1865 in the three divisions of the kingdom 582 students were registered; in 1880, 2106. In the first eight years of the sixteen there were registered annually in England, on an average, 500; in the second eight the average was 786. In Scotland, in the first eight years the average was 278; in the second 452. In Ireland, in the first eight years the average was 255; in the second it was 378. As regards those passing the Final Examinations which admit to the profession, there is a great excess over the number requisite to fill the vacancies created by death, or otherwise. The Medical Registrar, with all the means at his disposal, does not seem able to get evidence of the death of more than 601 medical men in a year. This is the average of ascertained deaths in the last five years. Taking the Final Examinations of only five of the principal Corporations in the three divisions of the kingdom, we find that the average number of candidates passing, and so entering the profession, in the last two years was 1007, or some 400 in excess of the deaths.

If it can be shown that, contemporaneously with improvements in medical examination, the number of students commencing medical studies is increasing, and that the number entering the profession is also well sustained, it admits of equal demonstration that there is no decline in the disposition to do medical work among the working classes, in clubs, in Poor-law appointments, and in every variety of dispensary, provident or otherwise. The latter phase of medical work has grown prodigiously of late years. The druggist never met with such competition as he meets with now in all sorts of schemes for ready money practice, and for adapting the medical charges to the modest capabilities of the poor. In the judgment of many this has gone too far, and the dignity of the medical calling has been compromised. We have not time here to discuss this point. We are now only concerned to show that the supply of medical men is ample, and that it has increased of late years contemporaneously with stricter examinations, though these, of course, are not the whole explanation of the fact. The great moral is that the Royal Commission need not shrink from making recommendations for improving the educational and examinational arrangements of the profession on account of any supposed probability of seriously curtailing the supply of medical men.

THE field of toxicology is ever widening. New drugs usually mean new poisons, and cases of poisoning are now frequent from agents which were scarcely known when most of our readers were students. One of these is carbolic acid. A full knowledge of the toxic effects of new drugs is slowly obtained; the symptoms of many cases have to be compared, and years must elapse before a sufficient number can be collected. In the case of carbolic acid, however, the instances of poisoning now on record are numerous, and an able

attempt has been made by Dr. REICHERT in the last number of the *American Journal of Medical Science*, to obtain, from a comparison of fifty-six cases, adequate generalisations regarding the symptoms produced by toxic doses.

His study of the subject was not indeed in the first instance undertaken for toxicological reasons. While investigating the action of anæsthetics, and of some other poisonous agents, he found that the facts observed in recent years regarding the action of many poisons are very inadequately represented in the standard treatises on toxicology, and he has therefore been led to make an extensive collection of recorded facts, and by comparing these with the results of modern physiological and pharmacological investigation, to rewrite the toxicological history of some important therapeutical agents. Of this work the valuable article on carbolic acid is the first instalment.

A striking fact indicated by the study of these cases is the rapidity with which the poison is absorbed. In the course of a few minutes the system is profoundly affected, and in at least two cases the rapidity of action was comparable only to that of the strongest hydrocyanic acid. The rapidity of action is the same, whatever be the mode of entrance of the poison into the system. The pain commonly experienced at the place at which the poison is introduced may be entirely absent, and even a local diminution of sensibility may be produced. The most striking symptoms are on the side of the nervous system—delirium, giddiness, and insensibility. Nausea and vomiting are not present in more than 20 per cent. of the cases. These symptoms are, in rare instances, severe and uncontrollable, but in other cases seem to be hindered, for even drugs have but little power to cause emesis when the nerve-centres are profoundly under the influence of carbolic acid. Extreme feebleness and retardation of the pulse are very frequently noted. Lividity is common, and the skin is usually dry and feels hot, but the temperature may be either normal, raised, or lowered. Deglutition is very difficult or impossible in a third of the cases. The discoloration of the urine, so common in cases of chronic poisoning, was not noted in more than one-fifth of the cases; but in several the stools were observed to be blackish-brown or greenish. The pupils were, in most instances, contracted, but in a few contraction and dilatation alternated. Convulsive movements occurred in one-third of the cases, but were violent in one only. Trismus was occasionally present. Sensibility was noted to be deficient in only 15 per cent., but in a large number there were insensibility and coma.

The results obtained by experiments on the lower animals are in close accordance with the phenomena observed in man. In frogs, however, paralysis, first of the hind, and then of the fore limbs, is produced. In the rat absolute loss of sensation, general and special, has been observed. In rabbits and dogs the phenomena presented are tremors, muscular weakness, dilated pupils, diminished sensibility, and convulsions. In frogs, a curious state of motor irritability may co-exist with paralysis; while the hind legs are motionless, the fore legs may be thrown into convulsions by the slightest irritation.

The balance of evidence is in favour of the view that the convulsions are of cerebral and not of spinal origin, although it is uncertain whether they originate in the hemispheres or in the lower ganglia. An initial diminution and subsequent increase in reflex action, which are often to be observed in animals and sometimes in man, have been ascribed to an influence on SETCHENOW'S inhibitory centre, but are with more reason to be referred to a direct action on the spinal cord. The first effect of the poison on the vascular system appears to be to increase the force of the systole of the heart and to contract the peripheral arterioles, and as an effect of these there is a primary increase in the blood-tension. The ultimate action is a profound cardiac depression; and some original experiments by REICHERT show that the intravenous injection of a large quantity causes immediate cardiac paralysis. The increase of respiratory movements observed in the early stage of poisoning, and their retardation in the later stage, appear to be due to an influence on the pneumogastric peripheries and centres, which are first stimulated and then depressed.

We may pass over the observations of REICHERT on the local action of the poison on the mouth and throat, which are sufficiently well known from the investigations of TAYLOR. Several cases have been recorded in which the coat of the stomach, throughout almost its entire thickness, has been reduced to a pulp, although the action of the irritant is more frequently confined to the surface of the mucous layer, which may have the aspect of a diphtheritic membrane. The blood in most cases was dark and fluid, and may remain fluid for days; but to this one remarkable exception has been noted, in which firm coagula were found everywhere. The colour of the blood is not, however, due to any effect upon it of the poison, for if exposed to the air it readily becomes reddened by oxidation of the hæmoglobin; it appears to be due to the interference with respiration consequent on the paralysis of the pneumogastrics and on the depression of the action of the heart.

The fate of the carbolic acid which is absorbed is a subject on which as yet little is known. It is present in the blood after death, and may often be recognised by its odour. It is certainly eliminated to some extent by the lungs and by the urine. The form in which it passes out by the latter is still uncertain. PATROUILLARD obtained, by means of ether, an oily liquid which gave the characteristic reactions of carbolic acid; but SALKOWSKI believes that the elimination is in the form of an alkaline carbolate. The well-known discoloration of the urine has not been observed in a less time than two hours. The cause of the tint is still involved in much doubt. It has usually been regarded as a result of oxidation, and the view is supported by the statement of SALKOWSKI that oxalic acid appears in the urine of animals, since carbolic acid yields oxalic acid by oxidation. The absence of iron in the urine is evidence that the colouring matter is no modification of hæmoglobin. The fact of important alteration in the carbolic acid eliminated by the urine is shown by certain reactions which it gives, and which cannot be obtained from a simple mixture of urine and carbolic acid. The subject has been further confused by the supposed discovery of carbolic acid in the urine under other conditions, the substance supposed to be carbolic acid having been really a derivative of indican.

The smallest dose that proved fatal in any one of the fifty-two cases was two drachms, in the case of a man aged sixty-four, who died in twelve hours; but two young chil-

dren, who had each taken the same quantity, recovered. Half an ounce is almost invariably fatal, but a few cases have recovered after larger doses—in one instance of an ounce, in another of four ounces. Death occurred in nine cases in less than an hour; in one within three minutes; in four others in less than twenty minutes. It usually occurs during the first four hours; rarely not for twenty-four or forty-eight hours. In one of the cases in which death occurred in twenty minutes, the carbolic acid was given as an enema for ascarides. Alarming symptoms have been caused by five drops. In a considerable number of cases the fatal result occurred in consequence of the external use of carbolic acid for cutaneous disease. Its application to the cervix uteri has also caused death, and many instances have been recorded in which alarming symptoms have followed its use in surgical cases. Even the inhalation of the vapour of carbolic acid has been nearly fatal. The rapid deaths occasionally noted have been apparently due to respiratory and cardiac paralysis produced through the agency of the pneumogastric nerve.

The difficulty in producing vomiting in cases of poisoning by carbolic acid, on account of its action on the throat and nervous system, renders the treatment of the cases somewhat complicated. Besides the ordinary treatment for poisoning by an irritant acid, no antidote was known until the investigations of BAUMANN showed that the soluble alkaline sulphates may be regarded as at least partially antidotal, forming, he conjectures, with the carbolic acid, an innocuous sulpho-carbolate. CERNA, in ten experiments on animals, found at least partial evidence of the utility of the sulphates. The dose of carbolic acid which was fatal to rabbits or dogs did not kill if sodic or magnesian sulphate was given at the same time. But by the simple mixture he failed to produce a chemical compound, and it must remain doubtful whether a true sulpho-carbolate is formed. It is, however, a noteworthy fact that the sulphates disappear from the urine in carbolic acid poisoning. This may be taken as evidence that the agent has a special affinity for the sulphuric acid which exists in the organism, and therefore inferentially for that which may be introduced as an antidote to the poison.

THE three articles on "Vivisection: its Pains and its Uses," which appear in the current number of the *Nineteenth Century*, differ considerably in the mode of presenting the question at issue. It would have been difficult to select three men more qualified to express the sentiments of scientific inquirers than Sir JAMES PAGET the surgeon, Dr. WILKS the physician, and Professor OWEN the biologist. Sir JAMES PAGET'S article will probably command most attention and sympathy, because in a style peculiarly his own he has approached the question in such a transparently impartial manner, and has stated his case with such studied moderation, that even the most susceptible can have no prejudice aroused by it. His starting-point is that it is "fair to demand that those who inflict pain or other distress on animals for the purpose of acquiring knowledge should be judged by the same rules as those who, for any other purpose, do the same." Pointing out in how many ways even the most educated and humane classes of men and women directly or indirectly inflict pain on animals for the sake of pleasure or utility, he attempts to compare in quality—not in bulk—the pain thus caused with that suffered under physiologists and pathologists, and declares his belief, founded on his own observation, that, with few exceptions, "there are no physiological experiments which are not matched, or far surpassed, in painfulness by common practices permitted or encouraged by the most sensible and humane persons of the time," even without the use of anæsthetics. As to the pain suffered after experiments where animals are kept alive, he considers it must be equal to that experienced by animals which survive the injuries inflicted in sport or in other attempts to kill them, "but with this advantage to the vivisected animal, that it is an object of care, provided with food and rest, and safe from the attacks of others of its own or other kinds." Sir JAMES PAGET then comes to the question of the comparative utility of these painful acts, and decides clearly that "vivisection" is unassailable on this ground. As Dr. WILKS remarks, "the real question turns not on the cruelty but on the *utility* of 'vivisection.'" All its opponents refer to this, and even those who at first attack it on the score of its "cruelty," on being forced to admit the comparatively insignificant amount of pain thus inflicted, at once reply that it is a useless, and therefore an unjustifiable, infliction of pain. Sir JAMES PAGET, however, attempts to give a rough estimate of its utility. Taking the improvement in the treatment of aneurism and in ligature of arteries as his example, and enumerating all the methods of study which have combined to produce it, he says that "at least one-fifth may be assigned as the share due to experiments on animals—say, at least, one hundred lives a year in this one department of surgery." Looking back over the improvements of practical medicine and surgery during the last fifty years, he says that while no one can tell exactly what proportion is due to experiments on animals, "even if it is guessed at a tenth or a twentieth of the whole, the utility of vivisection must far surpass that of the great majority of pain-giving practices permitted or encouraged by thousands of persons of recognised humanity and good sense." Many would no doubt place the proportion at a higher figure than this, but Sir JAMES was able to reduce it to the lowest figure compatible with truth without fear of damaging his case. He puts the absurd nature of the legal restraint very well when he says, "I may pay a ratcatcher to destroy all the rats in my house with any poison that he pleases; but I may not myself, unless with a licence from the Home Secretary, poison them with snake poison." One naturally asks in amazement, Can this be true? Dr. WILKS deals with the subject from a very different point of view; he shows, by reference to the addresses recently delivered at the International Congress and elsewhere, that there is a "unanimity of opinion among those who are alone capable of forming a judgment of the value of the experiments in question," that such experiments not only have been of incalculable service to medical science and practice in the past, but are also almost the sole means of study by which many of the most pressing problems now waiting to be settled can be answered. He refers in support of this to the recent public utterances of VIRCHOW, PASTEUR, OWEN, HUXLEY, SIMON, GREENFIELD, FRASER, MICHAEL FOSTER, and HUMPHRY. The most valuable part of his article, however, is that in which

he boldly asserts the highest claim for freedom of scientific research. "Every fact in nature, being of necessity the exemplification of a general law, has its meaning; and thus the most important consequences have resulted from an observation of the most trivial phenomena." The experimenter "is seeking after truth, and if he finds it he is satisfied," even if he is not able at once to assign that truth its proper place, or deduce from it practical benefit. Knowledge is the "pearl of great price," for which the scientific worker is ever searching, and "all knowledge is self-created; it comes step by step, through experiment and verification. ..... In animal life the same method must be adopted, to unlock the secrets of nature," as is adopted in every other department of natural science, and "the question of the animal being sensitive cannot alter the mode of investigation." To stand in the way of such investigation is not only foolish, but ultimately impossible; there will always be men with the faculty and passion for such work, a passion too strong to be for ever checked by any human law. So long as the human mind can unravel the secrets of animal life by experiment, so long will men appear ready for the task, and devote their lives to it. The conflict between the prejudiced and unlearned many and the scientific few is no new one; hitherto the victory has always been with the scientific few, in spite of hindrances, fulminating edicts, persecutions, and slanders. History alone surely should teach our opponents wisdom in this matter: they may for a time be able to harass physiologists, hinder the pursuit of knowledge in our own country, and drive to foreign shores the descendants of the men whose names are unsurpassed for their good offices to humanity. All such actions will in the end prove futile; the cause of truth and knowledge must and will prevail, and all such opposition will only recoil with terrible force upon those who lend themselves to it.

Professor OWEN is mainly concerned to answer some criticisms passed on his address at Folkestone; and shows again that both HARVEY and HUNTER owed their great discoveries to the practice of vivisection, and that the results so obtained were the means of preventing their repeating the errors of CESALPINO and ANEL respectively. Those whose statements he is rebutting are not likely, we fear, to be influenced by facts: their disregard of facts is their sole stay in their groundless agitation.

These articles, we doubt not, will do good among the intelligent classes into whose hands mainly they will fall. Excellent and valuable as they are, we should have been glad to have seen greater stress laid upon the great misrepresentation always directly or indirectly made by "anti-vivisectionists," which is, that all experiments upon living animals are extremely painful, and deserve the name of "torture" or "agony." Nothing is further from the fact. Some experiments have caused severe pain, but the great majority produce very slight pain indeed. Sir JAMES PAGET draws attention to the fact that we are by all laws of logic warranted in concluding that animals, and especially those low in the scale, have a far less acute sensibility to pain than men. But the word "vivisection" to too many minds conveys an impression of the infliction of horrible pain—an impression in the vast majority of cases utterly unfounded. On every ground experiments on living animals are defensible, whether we look to our moral right over the animal creation, our duty to our fellow-men, the necessity of the case, or their proved utility, so out of measure greater than all the pain they cause—utility shared in to no mean extent by animals themselves.

THE well-known experiments of SYME in Scotland and of OLLIER and DUHAMEL across the Channel long ago demonstrated the power of the periosteum in forming new bone. Ever since these demonstrations it has been a question whether the periosteum is the sole agent in forming the ossifying callus in cases of fracture; also whether the lymph in the medullary canal is formed *in situ*, or is forced in from without through the fissures in the bone (as maintained by LEBERT and MAAS). Several series of experiments have been undertaken to settle this question, and hitherto the results arrived at have been somewhat opposing. WEGNER and BUSCH, the one by giving phosphorus to young animals, the other by the injection of mercury into the nutrient artery of a bone, have obtained consolidation of the whole bone, while OLLIER and MAAS, in oft-repeated experiments on the effect of transplanting marrow under the skin, between muscles, and into a serous cavity, invariably failed to get new bone formations. GOUJON, BAIKOW, and BRUNS have all repeated these transplanting experiments, and the two latter have obtained some very remarkable results. BAIKOW has only published a preliminary report of his experiments, but BRUNS detailed his results, which closely agree with those of BAIKOW, to the last German Congress of Surgeons in Berlin.

BRUNS used young animals for his experiments, and first removed a piece of the shaft of the femur or tibia, and then by squeezing it in a vice split it longitudinally, and was so able to remove a continuous cylindrical piece of medulla uninjured. This was planted in a freshly made wound under the skin, which was then carefully sutured. Out of sixty experiments in which the marrow was taken from one animal and transplanted in *another*, not once was any growth of bone found, but at the end of three to six weeks a mere shrunken trace was all that was left of the inserted tissue, which was at once destroyed by suppuration of the wound. Out of nineteen similar experiments, all performed on dogs, in which the excised marrow was planted in a wound in the *same* animal, three failed from suppuration, in four the marrow was simply absorbed without any other local result, and in the remaining twelve—or 75 per cent. of those cases where the marrow was not at once destroyed—a piece of bone about one-half the size of the transplanted marrow was formed. In these successful cases there was a good deal of swelling around the wound for a few days, but in about fourteen days this had subsided, and by puncturing the nodule left, bone could be detected. The ossification was found often to commence in several centres, which blended into one about the twenty-first to the twenty-fourth day. A microscopic examination of the specimens at various stages of development showed that during the first fortnight the marrow is infiltrated with cells which first appear at its circumference; these quickly assume spindle shapes, and lying in bundles divide the marrow into small communicating spaces. By the absorption of the round marrow cells and fat cells these spaces gradually shrink. At the end of this period

the bone first appears, and with it are seen hyaline cartilage and osteoid tissue, and BRUNS thinks the bone is formed partly directly from osteoid tissue and partly by the ossification of cartilage. The piece of bone that is ultimately formed has a compact outer layer, is cancellous within, and possesses all the characters of normal bone. But appearing in the cancelli in increasing numbers, as time passes on, are seen often very large giant cells, as if the process of bone absorption quickly followed bone formation, and might ultimately destroy the bone. It was found that the result was the same, whether young red or mature yellow marrow was transplanted, and also that if spongy bone tissue was used in the experiment scarcely a trace of bone formation was found, while after two or three weeks the trabeculæ were thickly set with giant cells, and underwent absorption. These experiments show that bone marrow, when transplanted in uninjured continuous pieces into the same animal, not only has the power of forming cartilage and bone, but that, when not quickly destroyed by suppuration or absorbed, it does not form any other tissue. They so far set this question at rest. But the fact, that to succeed, the two parts of the experiment must be performed in the same animal, is of extreme interest, and seems difficult to explain.

Annotations.

"Ne quid nimis."

THE FULHAM HOSPITAL.

THIS case was heard on appeal on the 2nd inst., against a decision of Mr. Justice Cave and Mr. Justice Kay restraining (until the trial of the action) the defendants (the Metropolitan Asylums Board) from receiving into their hospital at Fulham patients from any district beyond a radius of one mile. Lords Justices Brett, Cotton, and Lindley heard the appeal, and affirmed the decision of the Divisional Court. Lord Justice Brett, in giving judgment, among other observations made the following:—"It had been urged that the balance of convenience was a good objection. That was a difficult question to decide. The impression on his mind was in favour of the defendants. It must be a great benefit to poor people afflicted with the small-pox in small dwelling-houses that the sick should be taken away from their neighbourhood and put into an excellent hospital, where they would be tended with care and skill. On the other side there was the injury to the poor, and to those who were not poor, from the bringing in a large number of patients into the district in which the hospital was situated. It would be difficult to decide the question if that were all. Speaking for himself, he was inclined to take this into consideration—viz., in the one case that people had been afflicted by Providence with a terrible disease, which would have fallen upon them apart from the proximity of a hospital; whereas, as to the other case, the people would not have been afflicted but for the presence of the hospital, which had brought the disease among them. In a question of convenience or inconvenience, such a consideration of justice or injustice ought to be taken into account, and it seemed to him that this consideration was strongly in favour of preventing this probability of a great affliction being brought by the hands of men to persons who would not otherwise have suffered from it. There was, in his opinion, no good legal objection to the injunction being declared; and, as it seemed better to confine the limit or area than the number of patients in the hospital, the injunction granted by the Divisional Court would be supported, and the appeal dismissed." Lords Justices Cotton and Lindley delivered judgments to the same effect.

THE NEW CROWN MEMBER FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

THE Crown has nominated Robert Dyer Lyons, Esq., M.D., M.P., to represent it in the General Medical Council in place of the late Dr. A. H. McClintock. There can be only one opinion of Dr. Lyons' many points of fitness for this duty, whether we regard his special knowledge of questions in medical education and in medical politics, or his general character. There is some advantage too in having a member of the Council who is also a member of Parliament. There is, of course, a contrary view to be taken of Dr. Lyons' appointment. He cannot be regarded as a general practitioner. And it is our opinion that in the present state of the Council, and the excessive representation of Corporations, the Crown appointments should be given to men in general practice and outside the charmed circle of those who rule in the Corporations. Then, as regards Dr. Lyons' honourable position in Parliament, it is known to be a very absorbing one, and one that leaves little leisure for the work of the General Medical Council. There are great objections to pluralism and to heaping upon one man so many offices of serious consequence, as there are great advantages in distributing rather than concentrating honours, especially in the case of the medical profession, where honours are so few and far between. But with a full feeling of the force of these objections, we know Dr. Lyons too well and have too much respect for his good judgment, and, let us add, his good temper, to be otherwise than pleased at his succession to a post that was filled so long by Stokes, then by Hudson, and has just been so prematurely and sadly vacated by McClintock.

THE PROPHYLACTIC INOCULATION OF RABI

THE medical profession may reasonably watch with the most profound interest the attempts now being made to ascertain whether the remarkable discoveries of Pasteur and others, regarding the prevention of acute specific diseases by vaccination with the modified virus, are in any way applicable to rabies. In spite of the attention which has been devoted to it, the subject of the treatment of this terrible disease remains the darkest chapter in the records of therapeutics, and in no other direction than prophylaxis is there at present to be discerned a glimmer of light. M. Galtier has lately stated that the injection of saliva from a rabid dog into the veins of sheep not only does not communicate the disease in its ordinary form, but appears even to confer immunity, so that the disease cannot be afterwards communicated to the sheep in any other way. The same result was obtained in the case of eight sheep thus treated. The experiments are not yet sufficient to justify any definite conclusion even as regards sheep, and no results have as yet been obtained as regards dogs. In this connexion, however, some experiments by Lussana are of interest. They were made a year ago and have attracted little notice, but their possible significance has recently been pointed out by M. Gibier. Blood from a patient suffering from hydrophobia was injected into the veins of dogs. The patient was a medical man, practising in the suburbs of Padua, who had been bitten three months previously by a rabid dog. Observing in himself what he believed to be the symptoms of the disease, he came one day to the hospital and asked to be admitted, as he wished to spare his family the terrible spectacle of his sufferings. He died a few days later, with characteristic symptoms. Before his death five grammes of

blood were obtained by means of leeches and diluted with twenty grammes of distilled water; another five grammes were obtained from the leech later by means of cupping-glasses, and similarly diluted. These were filtered, and in the filtrate no solid element, corpuscle, or bacteria could be discovered by the microscope. On January 9th the two solutions were injected into the femoral veins of two dogs. They presented no symptoms until Feb. 1st, when they appeared dull and quiet. On Feb. 3rd one of them remained in his bed, and the following morning, twenty-four days after the injection, was found dead. A post-mortem examination showed only gastro-intestinal congestion and fragments of straw in the stomach and large intestines, and in the latter also a quantity of black blood. A gramme of saliva was taken from the dead dog and inserted in a wound made in a third dog. This presented no abnormal symptom up to the 6th of July, when it was killed. The second dog, into which the filtered blood had been injected, remained dull and shunned other dogs, but showed no other symptoms until the month of June, when it uttered plaintive cries both day and night. It continued to eat and drink a little, but had obvious hallucinations, turning its head right and left without motive and often biting the air, barking roughly, and manifesting pugnacity on the approach of another dog. These symptoms continued for some weeks: it bit its own foot, ear, and lips. On July 6th, in consequence of the closure of the laboratory, the dog was killed. The autopsy showed nothing remarkable. M. Lussana was inclined to regard the cases as modified rabies. The conclusion is open to some doubt, but if correct it would appear that the saliva of the first dog was incapable of communicating the disease. The experiments are suggestive only, and those of Galtier are at present scarcely more; but, taken together, they certainly deserve notice.

"RELIGIOUS EXCITEMENT."

WE are unwilling to say one word on the subject of "the effect of religious excitement on the mind" which might be construed as implying a non-recognition of the value of genuine impressions on the subject of religion. Even taking the low ground of Comte's System of Philosophy, it must be evident that the religious instinct is present in the human mind and must therefore express itself. At the same time we are bound to point out that great and grave mischief may be done by undue excitement. Whatever suspends the control of the judgment is abnormal as an exercise of cerebral function. When, therefore, the emotions supplant or obstruct the influence of the reasoning faculty—when a mind is, so to say, lifted or carried "out of itself" by the operation of any "feeling," it is in peril. A particularly powerful state of ecstasy or rhapsody, or a frequent repetition of excitement of the class which enthrals the mental senses, may quickly, and must in the long run, enfeeble the mind. Beyond question devotees and enthusiasts of the extreme class, those who see visions, dream dreams, and hear voices, are in an abnormal and distinctly morbid condition. What is called "communion"—in the spiritual sense, in which the mind is alienated from the body—is one stage on the way to mental derangement. A large number of good people undoubtedly go that stage, and return with impunity, but there is always risk in the mental exploit. Looking to all these facts, we feel that it is necessary to raise a warning voice. "Revivals" and "impressions" are not healthy or safe, or—in a mental sense—sound experiences. They place the mind in jeopardy, to which the weak or irritable of brain ought not to be exposed, and, which may be deemed by some of greater moment, they do not indicate the actual state of "heart"—to use a popular expression—and throw no light on the real character. It may even happen that the "impressions" which arouse an emotional sensibility to religious influences will at the same time stir the depths of an evil or depraved consciousness, so that the subject of imperious impulses to pray may be also the victim of not less overpowering impulses to sin. This is how we get great evil associated with great good. It is no reflection on the good, that it is accompanied by the evil; but it should awaken a feeling of distrust in the minds of really earnest men as to the means they employ to excite the brain and nerve sensibilities of the multitude: to reflect that, after all, it is merely and purely physical excitement they are producing, and that the results of this disturbance cannot reasonably be accepted as evidence of good work; whereas the stimulation may work real and permanent mischief to mind and morals. We do not state these facts in a carping spirit, but as a warning to the wise, whether they preach or hear.

THE THEFT OF THE BODY OF AN EARL.

IT must be assumed, from the latest reports concerning the abstraction of the embalmed body of the late Earl of Crawford and Balcarres, that the sacrilegious outrage was committed some time ago, and that it has nothing in common with what used to be called "resurrection" practices. Possibly the body was stolen with a view to extort money from the relatives, but that presumption is scarcely consistent with the fact that the silver ornaments of the outer coffin were left intact. It is hardly conceivable that thieves who would steal a body from a tomb for gain should scruple to appropriate those articles of value. There is, moreover, another aspect of this minor circumstance which may help to throw light on the crime. It is barely believable that if the tomb had been broken open by men of the commoner sort, without the personal supervision of some person of authority or influence, these silver ornaments would not have been purloined. Looking to the whole facts of the case, we are disposed to think it might be worth the while of those who are engaged in the investigation of this mystery to look for the chief instigators and actual supervisors of the crime in a class above that of the labouring men of the district or the servants on the estate. Certain of these menials may have been agents in the commission of the crime, but if so they were not acting alone. Nor is it likely the pilfering classes of the neighbourhood were aware of the fact that the tomb was open and the ornaments at their disposal, or they would have returned at some convenient opportunity to appropriate them. We throw out the suggestion for what it is worth.

POST-MORTEM CONTRACTURE.

SOME curious observations by Dr. Brown-Séquard were communicated to the Société de Biologie on the 19th ult. Six years ago he demonstrated that the thermic cauterisation of the surface of one hemisphere of the brain, in the dog, rabbit, and guinea-pig, was capable of causing contracture in one, two, three, or all four limbs, and that this contracture did not disappear after the transverse section of the cord above the origin of the nerves to the rigid limbs. He has lately ascertained that contracture may occur in one or more limbs after death from opening the thorax, if one-half of the medulla has been previously divided partially or entirely. Having ascertained that the destruction of the spinal cord caused the contracture to disappear, he was naturally led to see in these and the preceding facts a proof—first, that contracture which is produced by a cerebral lesion does not depend upon the brain; and, secondly, that it does depend upon the spinal cord. But an examination of the details of the latter cases led to a doubt whether the disappearance of the contracture was not too slow for a contracture of spinal origin. A large number of additional experiments have

shown that the contracture which comes on after death very rarely ceases after the destruction of the spinal cord. More frequently it persists and passes into the cadaveric rigidity. Frequently it lessens, however, two, three, or four minutes after the destruction of the cord. Muscular irritability is lessened when the contracture is at its height, but it increases as this becomes slighter, and disappears some time before the onset of the cadaveric rigidity. For some time Dr. Brown-Séquard has noticed, in experiments on animals, that the diaphragm may contract after death, apparently spontaneously, and may become relaxed without appreciable external influences. This phenomenon is especially common when the animal has been killed by section of the medulla or of the pons Varolii. In certain cases, a few minutes after death, a very brief excitation of one phrenic nerve will cause a persistent contraction of the one-half of the diaphragm, and this may pass into the cadaveric rigidity. Probably this is analogous to the fact, noted by many surgeons, of soldiers killed on the field of battle being found afterwards in exactly the same attitude which they presented at the moment of death. This contracture, although post mortem, is a vital act, and may only occur after the spinal cord has lost its functions. It perhaps depends on a special change in the motor end-plates in the muscles, due to a cerebral lesion. On this point Dr. Brown-Séquard promises another communication, in which he will show that the irritation of the roots of the spinal nerves when they have lost their motor excitability, may remove a contracture of encephalic origin, perhaps by inhibition of the motor end plates.

PROPRIETARY MEDICINES.

THE entire question of the so-called "patent medicines" is one which urgently calls for legislative revision and for popular instruction. The arrangements which permit poisons to be "patented" and freely sold, undesignated as such and by irresponsible agents, are a defect in the pharmacy laws alike monstrous in principle and disastrous in practice. Obviously absurd as the system is, its existence compels us to recur to it again and again, and to second the cry of pharmacists for reform. A poison which no person, duly qualified to dispense it, may sell as such, except in small quantities and to known or accredited persons, and then only by duly recording the fact and circumstances, may be sold indiscriminately, in any quantity, if it is contained in a "proprietary article," and by any person, though he be ignorant of the nature of a single drug, and the purchaser may be unaware that he is buying or taking or giving to his children a dangerous agent. Day after day the inquest column of the press records the fatal results of the indiscriminate sale and unscrupulous disguise of poisons, and it may be doubted whether the exemption of proprietary medicines from the "Sale of Poisons Act" has not led to more deaths than the provisions of that Act have prevented. Literally, and without exaggeration, it may be said that by the present arrangements the revenue derived from the sale of stamps for patent medicines is the "price of blood." There is, indeed, much to be said against the whole system of such proprietary articles. As long as their composition is concealed, against their use the medical profession has always, and rightly, set its face. The readiness with which some pharmacists strive to pander to the public demand for therapeutical influences which are mysterious only because they are concealed, is alone fatal to the general recognition, by practitioners of medicine at least, of the claims of pharmacy to be regarded as a profession rather than as a trade.

There is another public danger involved in the use of proprietary medicines. All deeds of darkness suggest a suspicion of deceit; and provision for concealment is a protection to fraud. It is beyond question that too often "things are not what they seem" beneath the proprietary medicine wrapper. The temptation to make large profits is freely put before the irresponsible vendors of patent medicines by unscrupulous makers, who try to undersell each other, and offer such articles at prices which suggest strong ground for suspicion—a suspicion which is often proved by analysis to be well founded.

DEATH, DUTY, AND YELLOW FEVER.

THE following extract from the letter of a medical officer (written without any view to publication) gives an idea of the terrible nature of the epidemic of yellow fever which has been so rife in the West Indies, but which, we trust, is now abating. It is so simple, and yet so vivid, in its representation that we cannot withhold it from our readers. Should the writer be spared, he will receive the congratulations of his friends, and, let us hope, something more substantial, for going cheerfully to a post of probable death and out of his turn:—

"Barbadoes, West Indies, Oct. 28th, 1881.

"..... After getting away from quarantine at Jamaica I came here. The yellow fever, which was very bad when I first arrived in the West Indies, lulled for the month I was at Jamaica, and broke out just the day I landed here (Sept. 30th). An officer (of the name of Drum Gould) and a soldier died that day, and the deaths have continued without intermission ever since, so much so that the General telegraphed home for a troopship to come and take the troops away. The *Orontes* arrived three days ago and took all the troops away. I am left in charge of some yellow-fever cases which could not be embarked. It has been a frightful epidemic. Of our establishment of six doctors, two died before I landed, and two more, who were here with me attending on the yellow fever, died three days after I joined, leaving me all alone at the hospital. The Governor hired a civilian doctor to help me, but he caught the fever on the second day, going quite off his head. A second doctor sent to me also caught it, and is lying now in a precarious condition. Of my hospital orderlies, of nine employed in attendance on the fever, six have died, one is dying, one sent home sick, and one remains. The last ones nearly all died; they worked nobly. The one I sent home is a good fellow, and worked very hard; I hope he will be rewarded. Of the four officers who came out together with me, one died the fourth day after landing. One wouldn't land, and bolted home. I am sorry to say three civilian doctors did the same, threw up their appointments and bolted on board ship; that was the ship I landed from. It was a melancholy sight on board that ship the night I landed. The other passengers for England were embarking: widows and orphans without number. The inter-colonial steamer brings them here from the different islands. There was one batch of seven widows. I assure you it was a very sad sight to see these poor women lying quite listless in the saloon, with their heads on the tables, and their children all tumbling about, nobody to mind them. These women appeared to be conductors' wives and such like, who had evidently been sent home by the kindness of friends. This has been one of the worst epidemics that has ever visited the West Indies. The blacks, who have generally escaped the disease, have not done so this time. Now that the white troops have gone, the white population have got up a scare that there is likely to be a rising of the blacks, that the West Indian troops are not to be trusted, and will join them. I have my six-shooter ready, only unfortunately I am here all alone in the middle of the island with a hospital of yellow-fever patients. Yellow fever is a frightful disease. It generally begins with a severe pain in the eyeballs; the urine then begins to get solid from albumen, and then the next stage is the black vomit. The bodies turn green, yellow, and black. The smell is something awful. You can smell a case of yellow fever; it does not want much diagnosis ....."

HYDROPHOBIA IN PARIS.

AN official report has been issued by M. Besancon, Secretary of the Hygienic Council of the Seine department, of the cases of hydrophobia which have occurred in Paris during the five years 1872-77. They numbered in all thirty-six, of which twenty-five were men; twenty-three of the patients lived in Paris itself, and thirteen in the suburbs. Relatively to the population, the proportion was higher in the suburbs than in the city of Paris; and it was ascertained also that the number of dogs bitten was greater in the suburbs. The shortest period of incubation was twenty-three days, the longest was two years and a half. In the majority the physical and moral health of the individuals during the period of incubation appears to have been normal. The duration of the disease varied from two to seven days. In almost all cases the invasion of the symptoms was sudden. In the case of a child three years old an initial hyperexcitability was noted, the least touch exciting violent spasms. In six cases pains were felt in the cicatrix of the bite, and in five there was an irradiation of the pain in various regions of the body. Among the symptoms of the developed disease, an actual angina was noted in one case only. In the others, there were the usual dysphagia, pharyngeal and laryngeal spasm, with a sensation of thirst. In only two cases was there no fear of liquids. In five there was the dread of draughts of air, which has been termed aerophobia. In several the symptoms of excitement were increased by the sight of luminous or shining objects. The cerebral phenomena observed were very variable. In some there was depression and prostation, in others delirium or hallucinations. Extreme sexual irritation existed in two cases. Lyssæ were ascertained to be absent in twenty-nine out of the thirty-six cases. An autopsy was made in sixteen cases only; the only changes detected were hyperæmia of the meninges, and in the lungs the lesions of asphyxia. All the cases were fatal. The treatment employed in most cases was the administration of narcotics. To one patient jaborandi was given. Hypodermic injection of morphia, and chloral by enema, had no marked influence on the progress of the disease. Dr. Gallard used, in one case, intravenous injections of chloral. These removed the hallucinations and terror, but did not lessen the aerophobia, and caused some interference with respiration. Regarding the prophylactic measures which had been employed in these cases, cauterisation had in some been performed by the hot iron, acid nitrate of mercury, nitrate of silver, and ammonia. The facts of the cases show that on the latter no reliance can be placed.

A SANITARY ATLAS.

THE relative advantage of tables and diagrams for the display and study of statistical information is, to some extent, a moot question, depending upon the training of those intended to use them. A diagram, provided that the evil of attempting to make it show too much is avoided, undoubtedly conveys an impression of the relative importance of figures to persons who have not been trained to study them in tabular form. Diagrams, too, may often be helpful by means of form and colour, provided that the curves and tints employed be not too numerous. It is only necessary, however, to have a moderate acquaintance with the mass of health reports which are now being issued at home and abroad to be convinced that the true use and value of a statistical diagram are not sufficiently understood. It is very common to meet with diagrams covered with cobweb-like lines and arbitrary signs, complicated with a variety of colours, from which the statistical student would gratefully turn to a table showing similar information in parallel columns of figures. Messrs. W. and A. K. Johnston are now publishing a Statistical Atlas of the United Kingdom, in which they are trying on a large scale the adaptability of a map-diagram as a form of conveying statistical information. For neatness of execution and excellence of workmanship this statistical atlas is beyond praise, and its value—presuming, of course, that the statistical information is accurate—is a question which depends upon the public to which it appeals rather than upon the opinion of critics. Judging, however, by Part XI., which contains a so-called Sanitary Atlas of the United Kingdom, we cannot think that the map-diagram adopted is a useful or suitable form for the conveyance of sanitary statistics. In the first place, much of the statistical information contained in these maps has been superseded by more recent figures, even while the maps have been in the press. Then the general appearance of the map, with its variety of arbitrary signs, conveys no mental impression but that of confusion. We do not dispute the value of much of the information in the maps, although we doubt the desirability of adopting twelve kinds of arbitrary signs, dotted over the maps to designate different facts relating to hospitals and infirmaries. Neither can we recognise any value in printing all over the maps in different coloured figures the bare numbers of births, deaths, and marriages registered in counties in 1879. This information could never have been of much value without reference to the population standard, but now at the end of 1881 any value it may have possessed is seriously discounted by the lapse of time. The same objection applies to the bare numbers of violent deaths—also relating, we presume, to 1879. Again, the mean rates of mortality in ten years (1869-78), taken, we presume, from the Registrar-General's last published Annual Report for 1879, have been to some extent affected by new population numbers obtained at the recent Census. Even in the letterpress portion the Registrar-General's estimates of population for 1879 have been reproduced, in preference to the recently enumerated numbers published in June last in the Preliminary Census Report. Such varied statistical information as is contained in these maps, if compiled with the greatest care, must necessarily be constantly superseded by more recent figures, and therefore appears to be unsuitable for compilation in a permanent and expensive form for reference.

THE PLEA OF INSANITY.

WE fancied the "plea of insanity" had been reduced to absurdity in the ridiculous attempt made to show that Lefroy was insane; but it seems that the apotheosis of stupidity is to take place in America. It is high time the nonsense recently talked and written about "irresponsibility" should be exposed and ended. If the supreme triumph of medical psychology is to be sought in the attempt to prove that men are mere machines, and that the wrong they do is not their doing, but the outcome of disease, the sooner this branch of science is discountenanced by the common-sense of the profession the better will it be for the credit and influence of our cloth. If a man is not acting under a recognisable and formulated delirium when he commits a crime he is clearly responsible, and ought to be so held unless he is unquestionably, and on grounds other than those arising out of or associated with his crime, shown to be insane. The mistake into which "experts" and those who follow their lead commonly fall is to confound the evidences of a neurotic constitution with the symptoms of mental disease. The inheritor of an organism which predisposes to insanity is not necessarily insane. Lefroy was not insane, and Guiteau is not insane. The only insanity accruing to the latter case is that which those who support the plea may themselves import into it. The position of matters in regard to this question is becoming one of exceeding gravity, and it will soon need to be very seriously discussed.

THE SCOTCH UNIVERSITIES.

IMPORTANT deputations from the General Council of Edinburgh and the Curators and the General Council of the University of St. Andrews lately waited on Lord Rosebery (Under-Secretary of State for the Home Department) and the Lord Advocate, M.P., to urge on the Government the appointment of a Universities (Scotland) Executive Commission. The kind of questions on which such a commission would have to legislate, as explained by Professor Laurie, were: The necessity of instituting an entrance examination in the Faculty of Arts, and, in connexion therewith, of reconsidering the present preliminary examination in the Faculty of Medicine and for the degree of B.L.; the giving of greater range to the degree of Arts by allowing students the option of graduating in other than a single specified and invariable class of subjects; the strengthening of the Faculties by the instituting of additional Chairs, and the adequate endowment of the existing Chairs; the extension of the lecturing and tutorial aids to the professorial system, so as to make the instruction more efficient, to open a career for distinguished University students; to secure the training school for the professoriate, &c. Lord Rosebery gave a qualified, but undoubtedly favourable, answer to the deputation. He intimated two difficulties: first, that a demand for public money would be involved; and, secondly, that the Scotch Universities were not agreed on the question of a Universities Executive Commission for such purposes. It is certainly desirable to encourage more attention to Arts subjects in the system of Scotch graduation, and with some improvement in it we feel sure that public money could not be put to better uses than in further assistance of the Scotch Universities, which are so poor compared with those of England.

CARDIAC HYPERTROPHY AND RENAL DISEASE.

THE problem of the subordination of cardiac hypertrophy to renal disease, when the two co-exist, to which so much discussion has been lately devoted, has engaged the attention of M. Straus of Paris, who has published in the *Gazette Médicale* a preliminary account of his experimental results. The difficulties of the problem of the relation of the heart to the kidney lesion depend upon the complexity of the morbid conditions present in the system. These are much simplified in an experimental inquiry, although the results thus obtained have not always been very decisive. It is difficult to preserve for long the life of animals after a lesion of both kidneys, and Straus has therefore contented himself with causing atrophy of one kidney by ligature of the ureter. Previous experiments of the same kind have yielded contradictory results. Simon, Rosenstein, and Gadden observed no cardiac consequence; Beckmann, Grawitz and Israel, and Lewinsky found a resulting hypertrophy of the left ventricle. The experiments of Straus were made on twenty guinea-pigs, which were killed from four to six months after the operation. A pure hypertrophy of the left ventricle was found to be the invariable result. The average weight of the heart, for instance, in three cases was 2·76 grammes, while that of three healthy animals was only 2·25 grammes, and this although the average weight of the guinea-pigs operated upon was two hundred grammes less than that of those selected for comparison. The hypertrophy was uncomplicated by any degeneration of the muscular substance of the heart, and was apparently the direct result of the atrophy of the kidney, since the arterioles in various parts were examined and found to be healthy. Grawitz and Israel asserted that although cardiac hypertrophy might follow a renal lesion in old animals in which the other kidney did not sufficiently overgrow to compensate for the loss, this result was not to be obtained in young animals. This statement is disposed of by the experiments of Straus, since nearly all the guinea-pigs he experimented upon were young. Moreover, he was unable to observe any inverse relation between the degree of hypertrophy in the heart and kidney, such as should obtain if the conclusions of Grawitz and Israel were correct. In one of the cases in which the increase in weight of the heart was greatest, the remaining kidney had increased to at least double the normal weight. An objection which is often urged against the dependence of cardiac hypertrophy on renal disease is the absence of such hypertrophy in cases in which the kidney suffers in consequence of an affection of the urinary passages. But Straus relates, to show that hypertrophy may be found in these forms, two cases of women dying from uterine cancer which had compressed the ureters, and had caused dilatation of the pelves of the kidneys and very marked renal lesions. In each there was considerable hypertrophy of the heart without any valvular lesion. In a discussion on this paper at the Société de Biologie an interesting and apposite case was related by Quinquaud. A man of twenty-eight years of age was shot in the left lumbar region, and recovered after an illness attended with hæmaturia. At this time there was no hypertrophy of the heart, but distinct evidence of this was discovered two years afterwards. He died with symptoms of uræmia four years later. The left kidney contained an old abscess, the right was hypertrophied, and the heart was increased in weight to eighteen ounces in consequence of hypertrophy of the left ventricle. All the liquids of the body were found to contain a large excess of urea.

FLOWERS IN SLEEPING-ROOMS.

THE public are again warned against the use of flowers in sleeping apartments; and wonderful stories are told of the deleterious effects which have followed their presence in a limited atmosphere respired by invalids. Curiously enough, these appalling "instances" of the evil influences of plants do not for the most part apply to flowers. Nevertheless, we agree that it is safe to banish growing plants and flowers from bedrooms. They can do no good, and they may do some harm, if only by rendering the air of the apartment irritating to the delicate lining membrane of the breath-organs. We are not disposed to endorse or accept the charge brought against plants and flowers generally, but it is well to err on the side of prudence; and although it cannot be denied that these embellishments form most pleasing objects for the eye, this advantage must be sacrificed if, as alleged, they are injurious. There can be no doubt that some plants give off noxious emanations, and others may scatter particles which prove irritating; but are all vegetable growths thus injurious? However, as we have said, it is well to be over-cautious. So flowers and plants must needs be banished, though we part with them with unfeigned reluctance.

LONDON CONSULTEES AND COUNTRY PRACTITIONERS.

THERE are some questions in ethics which it may be desirable not to raise, because there is little or no prospect of their being carried to a satisfactory issue. The query we are about to propose does not fall under this description, but it is one that has not yet been finally answered, and daily troubles the peace of the profession. Are patients visiting London at liberty to walk into the consulting-room of any physician or surgeon, whose opinion they may desire to obtain, and seek his advice, without letters of consent and recommendation from their own regular attendants? The consulting man is placed in great practical difficulty if he is compelled, or expected, to catechise every stranger who presents himself as to the fact of his being, or having recently been, under medical treatment. Is this necessary? Are invalids to be restricted in the right to avail themselves

of a casual sojourn in London for the purposes of consultation? The reason we propose this question is that every now and again country practitioners complain most grievously of the supposed breaches of etiquette committed, or said to be committed, by London consultees in this respect. No difficulty arises, is likely to occur, in the cases of patients suffering from grave maladies. Meanwhile, with the class of chronically affected or imaginary invalids, the difficulty is very great. It would be well if the question could be settled once for all.

THE INFLUENCE OF CRYPTOGAMIC ORGANISMS ON INCUBATION.

IF eggs are allowed to incubate in confined air, which is not renewed, M. Dareste has found that the development occurs in an abnormal manner; the blastoderm may develop without forming an embryo, or if the latter is formed it is often a monstrosity, and perishes early. This effect may be explained by the diminished quantity of oxygen, by the increase of carbonic acid, or by the production of some physical condition at present unknown. In order to study this M. Dareste has examined the effect on eggs which were incubating in spaces of very limited capacity. Each egg was placed in a flask of the capacity of half a litre, and then submitted to artificial incubation. These experiments led to a result which was entirely unexpected. At the end of a few days the surface of the shell became entirely covered with a cryptogamic vegetation, bearing spores. On breaking the egg a similar growth was, in many cases, found in the air chamber of the egg, and between the shell and its lining membrane. In the albumen, and also, in some instances, in the yelk, beneath the vitelline membrane, were masses of mycelium, more or less considerable, but not undergoing fructification. The observation was repeated many times, and always with the same result. In many of these eggs no development had taken place. In others, commencing development had been more or less quickly arrested. Blastoderms without embryo were met with, and embryos which had perished on the second or third day of evolution. It thus appears as if the growth of cryptogamic vegetation in the egg would prevent or arrest the development of the embryo. The oxygen of the air in which the eggs were placed was notably diminished in quantity, and the carbonic acid was increased, in accordance with the usual effect of the development of cryptogamic vegetation. What is the origin of this growth? Spontaneous generation cannot, nowadays, be invoked. There are only two possible sources for the germs, the egg itself or the air. Further experiments have led to the conclusion that the germs are derived from both these sources. To exclude the air as a source of the germs the flasks were placed on a stove and kept for twenty-four or forty-eight hours at a temperature of 75° C. The temperature was then lowered to 37°, and the eggs introduced into the flasks and the mouths closed with india-rubber stoppers, which had been treated with carbolic acid. After some days there was a little mould on the surface of the shell, but much less than on the previous experiments. The germs of this must have been attached to the egg, and such germs were actually discovered by washing or scraping the surface of the eggs. These germs clearly do not ordinarily develop, but they grow if the eggs are placed in favourable conditions. In the small flasks the evaporation from the surface of the eggs rapidly saturates the air with moisture, so that drops of water are condensed on the surface of the flask, and this humidity probably supplies the condition necessary for the development of the spores. The latter are, doubtless, derived from the air, or from the hay and straw in which the eggs had been kept, or, possibly, they are the spores which, as M. Gayon showed some years ago, are to be found in abundance in the oviducts and cloaca of the fowl. The experiments were therefore repeated with the precaution of washing the eggs with distilled water to remove the adherent germs. This effectually prevented the appearance of the cryptogamic organisms. The mould which grew on the exterior appeared to be aspergillus niger, and fragments of torula were seen, but there appeared also to be several other species of organisms. These results make it probable that the arrest of development in confined air may always be due to the growth of these organisms within the egg.

THE EX-EMPRESS OF THE FRENCH.

THE illness of the ex-Empress Eugénie has, we are glad to say, at no time assumed a serious aspect. It commenced with a general shaking received from missing a step in a shop; but this accident was not a fall, as has been elsewhere reported. No serious injury was sustained. Following this, the ex-Empress has had a cold. She is under the professional care of Surgeon-Major Scott, of Aldershot, who attended her during her recent journey to Zululand. From latest inquiries we are able to state that his illustrious patient is better.

THE ELECTRIC LIGHT IN RAILWAY CARRIAGES.

A RECENT experiment made in the Pullman express to Brighton has demonstrated that it is practicable to light railway carriages with electricity, stored in one of Faure's accumulators. It does not at present appear possible to utilise the mechanical motion of the moving train for generating purposes, but hereafter this even may be accomplished. It is certainly a step in advance to be able to illuminate the interiors of a series of carriages with a brilliant and steady light by simply turning a handle. When the method inaugurated by the Brighton Company has been developed and adopted by the railway companies generally, there will no longer be any excuse for leaving compartments in total or partial darkness while passing through long tunnels by day. The discovery of this new light promises to be a great boon to the community. It is unreasonable to be impatient, but we may be excused for expressing a hope that electric apparatus suitable for purely domestic uses may soon be perfected, and that a way may be devised of interposing some coloured medium between the light and the eyes, so that it may be more agreeable and less irritating than any which has yet been brought under our notice.

PEPTONURIA.

THE readiness with which the presence of peptone in the urine can be detected has led to further interesting observations regarding the production and fate of this substance. The latter has been further investigated by Hofmeister, to whom much of our knowledge on the subject is due. A solution of ·3 or ·6 gramme was injected into the blood of rabbits; about four-fifths appeared in the urine, but less if the peptone was injected under the skin. If larger quantities are given the effect is to cause a considerable fall in the blood pressure, which interferes with the excretion of the urine; but if the animal were killed, from 4 to 14 per cent. of the ingested quantity was found in the kidneys, while the blood contained only a trace. These large quantities (one to nine grammes) had a considerable narcotic action. The practical question underlying these researches is the difference in the destination of the peptone absorbed from the alimentary canal and in that absorbed from the skin. Hofmeister believes that the lymph cells with which, during digestion, the adenoid tissue of the intestinal mucous membrane is filled, unite with the peptone and convey it into the blood, so that it passes through the circulation without being excreted by the kidneys.

In harmony with this view is the fact which he has ascertained that during digestion a considerable quantity of peptone is accumulated in the wall of the bowel. According to this theory the colourless blood-corpuscles play a similar part in the supply of albuminous substances to the organism to that of the red blood-corpuscles in the supply of oxygen. It has been ascertained by Jaksch that peptone is frequently present in the urine in acute rheumatism. In twelve cases it was found during the course and subsidence of the joint affection. The more numerous the joints inflamed, the larger was the amount of peptone in the blood, and it was also increased in proportion to the rapidity with which the joint effusion was absorbed, either spontaneously or by the aid of salicylic acid. When the effusion had disappeared the peptonuria also ceased, but returned if a new effusion occurred, as soon as this began to subside. This fact seems to be analogous to those observed by Hofmeister and Maixner on the occurrence of peptonuria during the absorption of purulent effusions, pneumonic infiltrations, and the like. It is probable that peptone is contained in the corpuscular elements in joint effusions, and that when these corpuscles pass into the blood rapidly and are destroyed, the peptone is liberated and appears in the urine. The same observer has recorded another very remarkable case of peptonuria. A female, aged twenty-seven years, had suffered all her life from a dermoid cyst of the ovary. The cyst had recently undergone a remarkable increase in size, apparently, from the resonance which was developed, in consequence of decomposition attended by the formation of gas. This was accompanied with grave illness and obstinate constipation. The tumour rather suddenly shrank, and the urine, which before had contained only a trace of albumen and no peptone, immediately became loaded with peptone, and continued so until the death of the patient a fortnight later. The section showed a bilocular dermoid cyst, adherent in many places to the intestines, and containing a quantity of gas, with fetid pulpy masses. In the latter were hair, epithelium, and plates of cholesterin. Similar masses were found in the abdominal cavity. The peptonuria was in this case apparently due to the bursting of the tumour, in consequence of which peptone was absorbed from the decomposing purulent masses in the abdominal cavity. The rupture became occluded, and the tumour again enlarged.

THE DEFENCE OF SCIENTIFIC RESEARCH.

WE have already referred to the twofold object proposed by the Society about to be formed for the protection of the right of "vivisection"—the defence of those unjustly prosecuted and the circulation of appropriate literature, primarily among the members of the profession. It is clear that these two objects are quite distinct from each other, and require different means for their achievement. It is most probable that unjust prosecutions will be extremely rare events, but each one will entail considerable expense on this society. There does not appear to us, however, to be any need to collect large sums of money in readiness for such an event, and there are grave disadvantages in any such proceeding. We would suggest that this possible expense be provided for by a guarantee fund, to which members of the profession—and others too—will, we are sure, be glad to lend generous aid. This will do all that is required: provide an adequate sum of money against any necessity. The preparation and circulation of literature specially bearing on the practice, value, and aims of vivisection will, on the other hand, be a source of constant expense, and the most suitable way of defraying it would be by the annual subscriptions of members of the society. For this we are sure there will be no lack of helpers; the subscription should be fixed at a low figure, and should be supported by all. This matter will have to be discussed at the preliminary meeting of the society, and we trust the members present will see their way to adopt this suggestion and raise two separate funds for the two objects in view: one to be guaranteed only against case of need, the other to be raised by a general small annual subscription.

SIR JAMES PAGET, BART.

WE are glad to be able to state that all the acute symptoms from which Sir James Paget has been suffering have entirely passed off. But, as he is still troubled to some extent with cough, it has been thought advisable that he should seek a warmer climate for a few weeks. Sir James Paget left London for Folkestone on Wednesday last *en route* for Nice.

FILARIA SANGUINIS HOMINIS.

IN the twenty-first issue of the Chinese Customs Medical Reports Dr. Myers records some further interesting observations concerning the filaria sanguinis hominis, made in the island of Formosa. It seems that although this island is only separated from the mainland, where filaria disease abounds, by a channel 180 miles wide, three cases only of elephantoid disease have presented themselves in nine years amongst 15,000 general hospital patients, and the three filaria-infested persons Dr. Myers saw all came from the mainland (Amoy and district). This fact—that the disease does not spread in the island, as Manson conjectured it might have done into Barbadoes—is the more remarkable, as communication with the mainland is constant, and there is an abundance of mosquitoes, so that Dr. Myers surmises that the particular species of mosquito which is the true intermediary host of the filaria exists on the mainland, and probably not on the island. He is at present carrying out a systematic investigation of the different species of mosquito. First, Dr. Myers put a conveniently willing and infected man to sleep in a gauze-covered mosquito house, into which he turned mosquitoes collected promiscuously from all parts of Formosa. These gorged insects he examined day by day, and found that the next morning after their feed they contained several lively embryos, which at later date became digested, and had evidently not got into their true host, for Manson has found that mosquitoes containing filaria sanguinis hominis, when fed on an infected dog, digested the filariæ of the latter. Secondly, Dr. Myers has also made some observations on the periodicity of the appearance and disappearance of the filariæ embryos in respect of the blood circulation in the case of a man suffering from glandular swellings and recurrent lymphatic fever, but otherwise healthy. The tables given show a result in complete accord with Manson's observations. The embryos appeared in the blood circulation regularly between 6 P.M. and 8 P.M., generally a little after 6 P.M., and were present in greatest numbers about midnight, after which they gradually decreased, and pretty well disappeared by 5 A.M. to 8 A.M. This period of twelve hours is just the time that, as Manson has shown, the mosquito is in active search for food. Thirdly, Dr. Myers tries to make out what becomes of the embryos when they disappear from the blood circulation, whether this disappearance is final as regards the swarm, and caused by death, or whether they only lie dormant for the time, perhaps in some viscera, as the lungs. He made prolonged and careful observations on the condition of the embryos at the times of their appearance in the circulation and their disappearance, and he found that the most marked and unmistakable contrast existed between their excessively active vigorous condition at the former time and their increasingly torpid and feeble, shrivelled, straightened-out state at the latter time. He thinks the disappearance is final as regards the swarm, and he further argues that unless the parent or parents breed only once or at long intervals, the circulation would get

almost blocked by the myriads of filariæ if there were not some more wholesale method of removal than mosquito sucking. Dr. Myers suggests the possibility of the diurnal solution of dead embryos. Fourthly, Dr. Myers watched the behaviour of the embryos with such substances as bisulphate of quinine, salicylic acid, arsenious acid, and santonin. The quinine affected them most, but the upshot of the matter is that the quantity of any of these substances necessary to kill the embryos would kill the host also. The problem, therefore, seems to be how to diagnose the exact situation of the parent worm (generally lying in the superficial glands) with an accuracy sufficient to extract it.

SURGEONS IN THE MILITIA BEFORE 1875.

IT seems, or at least it is believed, that surgeons in the militia whose commissions date prior to 1875 have a claim to retiring pensions. There is said to have been some misapprehension as to the force of an old Act of Parliament which Mr. Hardy (now Lord Cranbrook), when Secretary of State for War, understood to have been repealed. It is at first sight barely credible that a mistake so serious, and involving considerable money interests to an active class of men, can have been made; but assuming that it has been, those members of our profession who are alleged to have a claim are not only justified, but are simply discharging their duty, in pressing it. No action at law will, of course, lie against the Crown, but a petition of rights may be presented, and if the claim can be substantiated it will doubtless be satisfied. Surgeon-Major J. C. Smith, 4th Battalion Norfolk Regiment, Great Yarmouth, the President of the Militia Surgeons' Society, is announced as treasurer of a small fund to be raised for the prosecution of this demand on the War Office. We counsel militia surgeons to communicate with this gentleman without delay, and we heartily wish them success. If a reasonable claim has not been paid, it is important that the omission should be rectified.

GASTROSCOPY.

THE electric light has been applied to the examination of the stomach and œsophagus by Dr. Mikuliez of Vienna. The instrument which he has contrived consists of a tube sixty-five centimetres long and fourteen millimetres wide, rigid and bent at an angle of 150° at the junction of the lower and middle third. When the instrument is introduced this bend corresponds to the curvature of the thoracic vertebræ, and has to be carefully adjusted, or the instrument will not reach the cardia. The tube contains insulated conductors, connected at the lower end with a loop of platinum wire protected by a crystal plate. There are two canals in the instrument, through which cold water circulates to neutralise the heat generated by the incandescent wires; there is also a narrow tube for air, through which the stomach, after it has been washed out, can be distended with air by means of an india-rubber ball, and, in addition to these, there is a wide tube for optical purposes. For the introduction of the instrument the patient must lie on the side, and the head be so placed that the saliva may flow out of the mouth. A subcutaneous injection of morphia is given to lessen reflex action, which is otherwise excited by the presence of the tube. The two chief obstacles to the introduction of the instrument are the lower constrictor of the pharynx and the larynx. The latter is drawn forward and the former is overcome by steady pressure. A shorter instrument is made for the examination of the œsophagus. Hitherto the instrument has been used only on healthy individuals, and only normal mucous membrane has been seen. At the meeting of the Vienna Medical Society at which the instrument was described, Mikuliez demonstrated with it the stomach and œsophagus of a woman.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE death of Professor Bevan (of whom next week we hope to give an obituary notice) renders vacant a chair of Anatomy in this College. The remuneration will at once be considerable, owing to arrangements the Council have made, and in the future will be very large, as the two chairs are to be amalgamated on the next vacancy. The new professor will be required to conduct a class in histology, and will be bound not to accept any hospital position or private practice.

POLYSARCIA.

A REMARKABLE case of polysarcia was exhibited at the last meeting of the Paris Academy of Medicine by M. Hillairet. The subject is a female child, a little over five years of age, 1 metre 15 centimetres in height, and weighing about 136 lb. The following measurements were taken on Nov. 27th: Round the waist at the level of the umbilicus, 107 centimetres; round the chest, 102 centimetres. Circumference of the neck, 37 centimetres; of the arm at the axilla, 35 centimetres; of the elbow, 26 centimetres; of the wrist, 17 centimetres. The upper part of the thigh, the knee, and the instep measured respectively 57, 38, and 25 centimetres. The parents of the child are of average size, and their other three children are not unusually developed. Notwithstanding her enormous bulk she is able to run, and even to jump.

THE BRIGHTON HEALTH CONGRESS AND SCIENTIFIC EXHIBITION.

THE Exhibition and Congress have our warmest sympathy. They are practical attempts to meet a pressing public need, and we hope the example so ably set by Brighton will be followed, and so far as possible improved upon, by other large towns. The exhibition has met with such cordial support in the town, that there is reason to hope the lessons taught by it and enforced at the Congress will be learnt and put into practice in Brighton and Hove, where there are still sanitary defects to be made good. The honorary general secretary is W. Hamilton, Esq., of Ship-street, Brighton, the Congress secretary being B. Lomax, Esq., C.E., Free Library and Museum, from whom tickets (10s. 6d.) and all information can be obtained. The railway company has taken up the matter warmly, and offers special facilities for members of the Congress and visitors to the exhibition. We are requested to announce that the medical officers of health of Brighton and Hove will entertain at breakfast every morning (except Wednesday) the medical officers of health of London.

ALCOHOLIC INTOXICATION.

IN the blood of animals in a state of alcoholic intoxication a notable quantity of alcohol was found by Lallemand, Perrin, and Duroy. The method which they employed was to draw from the carotid artery a considerable quantity of blood, to distil this in a salt bath, and to redistil over quicklime. M. Gréhant has endeavoured, by a modification of this process, to ascertain what proportion of alcohol in the blood is sufficient to produce and to maintain symptoms of intoxication. The value of the method and apparatus employed was first tested by examining with it definite mixtures of blood and alcohol, and it was ascertained that if pure blood was thus treated no trace of alcohol could be discovered in the distillate. Two hundred and thirty-one grammes of alcohol (21° strength) were administered to a dog, in two doses, at an interval of half an hour. At the same time the animal was made to breathe through a flask containing absolute alcohol in order to counteract the influence of pulmonary exhalation. At the end of an hour, 100 litres of air having passed through the flask, sixty-eight

cubic centimetres of blood were drawn from the femoral artery. They were found to contain ·345 cubic centimetre of absolute alcohol, which corresponds to one part of alcohol in 197 of blood. This proportion, in the case of the animal experimented on, was sufficient to produce the most profound intoxication.

BORING THE EARS.

A GREAT deal has been recently written on the subject of boring the ears "for the sake of the eyes." It is always easy to find excuses for any practice which ministers to vanity. That the counter-irritation set up by boring the ear and wearing a ring may, during the few days following the operation, have some effect on the eyes, supposing these organs to be the seat of any low form of inflammation, is just possible, but that permanent good should be done by wearing rings in the ears after they have ceased to irritate is inconceivable. The test for motive in the recourse to this device would therefore be willingness on the part of the applicant for this form of "treatment" to allow the healing process to be delayed (say) by wearing a rough ring dipped in some irritating application—in short, so prepared as to act like a seton! This, indeed, might do good, but in such a case probably recourse to a few blisters behind the ears would be better. It is nonsense to suppose the wearing of earrings can be of any service to the eyes unless they irritate, and if they do irritate, the process by which the result attributed to them is obtained is circuitous and, from a surgical point of view, awkward in the extreme. Science cannot prostitute truth to fashion even in so small a matter as the wearing of earrings.

DIABETES AND MALARIA.

A SERIES of cases in which glycosuria was a sequel of exposure to malarial influences has been brought under the notice of the Académie de Médecine by M. Verneuil. The subject has before attracted attention. In 1859 M. Burdel published some facts which seemed to him to indicate that glycosuria may be one of the symptoms of malarial fever, appearing and disappearing with the latter, and was the greater the more intense the febrile attack. He found sugar in the urine in eighty out of eighty-six cases of intermittent fever. But when the fever loses its intermittent and assumes a remittent type, the glycosuria is much slighter. It is considerable in cases of ague in pregnant or suckling women, and in all cases of pernicious malarial fever. The cases brought forward by M. Verneuil were six in number. All were suffering from diabetes, and all had suffered at a preceding time from malarial fever. The patients came under his care for various surgical affections. The conclusion which he drew from them is that malaria frequently engenders glycosuria, which may present itself under two forms—one, contemporaneous with the attack of fever and transient, the other more or less tardy in onset, occurring independently of the febrile paroxysms, and in all cases permanent. The second form is probably the consequence of the first, but the period of substitution is unknown. Vigorous persons seem to be specially attacked, but the form of diabetes produced is mild.

AT Windsor, on Wednesday, the following members of our profession received from Her Majesty the honour of knighthood: Dr. John Kirk, Her Majesty's Agent and Consul-General at Zanzibar; Mr. William MacCormac, late Secretary of the Medical Congress; Geo. Birdwood, M.D., C.S.I., Assistant Reporter in Statistics, India Office; and Mr. Erasmus Wilson.

INTELLIGENCE has been received from St. Petersburg of the death of Professor Pirogoff.

AN interesting ceremony took place on October 8th at Tientsin, China. It consisted in the formal opening of a women's hospital, which has been erected at an expense of 10,000 dollars. The circumstances attending the founding of this hospital are noteworthy. The wife of the Governor-General of Chihli being attacked with an illness which baffled the skill of the native doctors, European medical aid was called in, and the lady restored to health. The happy event resulted in the appointment of Dr. Mackenzie to the post of medical officer to the Governor-General, and the establishment of a great hospital at Tai Wang Miao, under the patronage of his Excellency. The work thus begun has been further developed by the erection of the hospital for the treatment of women's diseases, the opening of which was inaugurated as above stated.

DR. ABRATH AND MR. MICHAEL MCCANN, who were charged with conspiracy to defraud the North-Eastern Railway Company, have been committed by the Sunderland magistrates to take their trial at the assizes. Bail for the appearance of the accused was offered by Dr. Potts, and accepted.

THE Wyatt-Edgell Prize of £200 for the best essay on the Range of Heredity in Health and Disease has been awarded to Mr. George Gaskoin. Twelve essays were sent in; the adjudicators were Dr. W. Farr and Dr. B. W. Richardson.

THE managers of the Royal Institution have appointed Dr. J. G. MacKendrick, F.R.S.E., Fullerian Professor of Physiology for three years.

DR. W. ROBT. SMITH, F.R.S. Edin., has been appointed Secretary to the Collective Investigation of Disease Committee of the British Medical Association.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Wolverhampton.—Mr. John Henry Love reports for the year ending September 30th, 1881, a birth-rate of 36·2 per 1000 of the estimated population, and a death-rate of 21·2 per 1000. The most notable fact of disease-prevalence during the year was the spread of scarlet fever, and with regard to this the medical officer of health observes, that "the agency of schools in the propagation of disease must have suggested itself to many, more especially since the enforced attendance clause came into operation." The disease, it appears, was principally disseminated by means of schools, as many as fifty-six out of the first eighty-four cases known having occurred in one school, and on visiting this school Mr. Love found among the scholars present three suffering from scarlet fever. The Sanitary Authority were unable to cope satisfactorily with the outbreak, no sufficient provision having been made for hospital accommodation for infectious diseases, and proper means for the disinfection of bedding, clothing, &c., is also wanting, but a report of the Sanitary Committee of the borough states that a suitable piece of land has been bought for the erection of a disinfecting apparatus, "and also a hospital for infectious cases *when the demand for it arises*" (!)—as if the demand had not existed any time during the last ten or twenty years. The infantile mortality is deplorably great in Wolverhampton; and Mr. Love holds that in the main it is to be traced to the scourge of this country, drunkenness. The sanitary work of the borough continues to be pushed forward as rapidly as is commensurate with the strength at the command of the medical officer. No less than 2288 notices for abatement of nuisances had, however, to be issued during the year, a

number which, taken in conjunction with the deficiency of hospital accommodation for infectious diseases and of disinfecting apparatus, shows that the arrangements for the sanitary administration of the borough are seriously defective. "Many privies," it is stated, "have been converted into pan-closets, several foul cesspools removed, and numerous ash-pits filled up, and in some cases covered ash-bins erected." "The adoption of the pan-closet accommodation to this borough," writes Mr. Love, "is, I am sure, one of the best means of preventing a large accumulation of excreta, and calculated, therefore, to remove from the vicinity of dwellings a great source of disease. It is desirable, however, the pans should be systematically emptied every week, as otherwise they become insanitary. The number of closet-pans emptied during the year has been 311,240, in addition to 25,588 ashpits; whereas in 1875 there were only 14,988 ashpits emptied." Concluding his report, Mr. Love congratulated his sanitary committee upon "the low death-rate and the generally improved sanitary condition of the borough. This satisfactory state of things," he writes, "I attribute to the abolition of the old midden system and the adoption of the pan system, to the improved state of drainage, to the closing of polluted wells, and a better water-supply, to the removal of many surface nuisances, combined with the unremitting attention and promptitude of action shown by the sanitary staff in the discharge of their multifarious and arduous duties."

Fulham.—Mr. Collier's report for the third quarter of the year shows 1091 births and 668 deaths, as against 1006 births and 546 deaths during the corresponding quarter of 1880. The cases of small-pox reported numbered 44, as compared with 146 in the previous quarter, and 4 cases in the third quarter of 1880. "The epidemic of small-pox is practically over in this district," Mr. Collier writes. But he adds, "It is quite likely, however, that it will break out with increased severity at the commencement of next year." Since the interlocutory injunction obtained against the use of the Metropolitan Asylums Board small-pox hospital at Fulham for cases of small-pox beyond the area of a mile from the hospital it has become necessary to remove such cases to the Stockwell Hospital; but the Fulham district, although resentful that cases from adjacent districts should be brought to their hospital, view the removal of cases from the district to Stockwell with perfect equanimity.

Beaumaris.—Mr. Ebenezer Evans has presented a report to this urban authority for the year ending Nov. 21st, 1881. He returns the death-rate of the town during that period at 10 per 1000 of the population or, rather, excluding certain rare fatal accidents, at 8 per 1000. Nearly half of the mortality was due to diseases of old age, and altogether he presents the health condition of Beaumaris in so favourable a light that, when a certain "excellent drainage" scheme is completed, it would almost appear as if the next serious question to be considered by the sanitary authority would be not how to promote health and life, but how to provide facilities for dying if the "common lot" is to be the lot of the Beaumaris community. Other communities have to send their inhabitants away to seek life, but it would appear that Beaumaris has come very near the point of its community having to seek other places in which to die. Beaumaris, and neighbouring districts on the Welsh coast, are evidently about to start a rivalry with the favoured districts on the south coasts of England, and even the south coast of France.

West Hartlepool.—Dr. Gourley reports for the month of October a death-rate of 18·52 per 1000 of the population, the rate for the corresponding month in the previous year being 14·93. Sixteen deaths from scarlet fever were registered during the month, and an inspection of the infected houses disclosed in several cases insanitary conditions which show that a sanitary survey of the whole district is much needed. For example, in one instance it is reported that "the kitchen range abuts on the privy. Smell at times very bad." And, again, in another instance, "Privy abuts on fireplace." Further, we meet the observation: "Many of the ashpits are leaky, and very few drained, and therefore liable to get filled with water," and among the recommendations which Dr. Gourley has made to the sanitary authority to obviate the evils discovered during his inspection, we find "that all ashpits not done already be thoroughly cemented and drained." It strikes one with surprise at this late day to find a recommendation to "drain" ashpits. If experience goes for anything, it certainly shows that if an ashpit is drained obvious proof is afforded that the ashpit ought not to exist. Is it possible that the West Hartlepool authority have no knowledge of the Report of the Local Government Board on this subject, or of the suggestions for the construction of privies and ashpits contained in the Model By-laws issued by the Board?

TYPHUS IN MARYLEBONE.

Mr. Wynter Blyth in his "Sanitary Chronicle" for October enters into an explanation of the circumstances which in his opinion contributed to prolong the recent outbreak of typhus in Marylebone. He chiefly sets himself to show that demolishing insanitary property under Torrens' Act is a question of time and of carrying out definite provisions of the Act made by the Legislature. Here the sanitary authority is restrained in its efforts by law, and however urgent the action required may be it can only act within the law. But this does not touch the question which affected the public so much at the time of the outbreak, and only remotely concerns the question of the prevention of typhus. The public attention was fixed upon certain insanitary conditions in the affected houses. Both the late Dr. Whitmore and Mr. Wynter Blyth thought that these conditions could only properly be dealt with by demolition of the houses, but, as Mr. Blyth explains, the surveyor of the Vestry did not conscientiously see his way clear to pronounce them past patching up. Torrens' Act was therefore here out of the question; but why did not the Vestry, especially with the expressed opinion of their surveyor before them, proceed under the law as to nuisances, and abate or cause to be abated the nuisances on the premises? This is what the public want to know. Then, again, Mr. Wynter Blyth observes that the infection of typhus could "only have been successfully grappled with at the outset, by conveying the inhabitants of some five or six houses to a bathing and disinfecting establishment, and there purifying both their skins and clothing, while at the same time the same process was applied to their rooms. But (he adds) the sanitary officers have to administer the law as they find it, not according to what may seem at the moment desirable." But that very existing law having been found fully adequate to deal with outbreaks of typhus in other parts of the metropolis, why should it fail in Marylebone? Why should typhus infection in Marylebone demand special legislation? Mr. Wynter Blyth thinks that "there are no adequate powers to deal with the single suit of rags." We question this dictum.

THE SANITARY CONDITION OF MARGATE.

It would appear, from local accounts, that the Local Government Board has been pressing the Town Council of Margate to take into consideration the question of the drainage of the town, a question which it appears is becoming perennial there. At a recent public meeting, presided over by the Mayor, it was attempted to show, with the aid of the medical officer of health and the registrar of deaths, that the action of the Local Government Board was unreasonable. The town was, and long had been, so healthy that additional or better drainage was uncalled for. On the contrary, to turn up the soil for the purpose would probably upset the present favourable balance of things and lead to an outbreak of disease. Certainly it leaked out, before the close of the meeting, that the "comfort"—not the health, perish the unholy thought—of the inhabitants of the low-lying districts would be enhanced if the soil were properly drained. Visitors to Margate, if wise, will have a care of these low-lying districts, and will consider both their "comfort" and their health in the matter.

NOTIFICATION OF INFECTIOUS DISEASES (LIVERPOOL).

At a meeting of the Health Committee of the Liverpool Corporation on the 1st inst., the compulsory notification of infectious diseases in the borough was again under consideration. The chairman proposed that the proposed amendments of the Sanitary Acts should be approved provisionally, but an amendment was proposed which set forth "that it was not expedient to proceed further with the clauses referring to the prevention of infectious disease and closing the premises." The amendment was carried by nine votes to four. In the course of the meeting a letter was read from Dr. Littlejohn, showing that although in Edinburgh the local Act relating to the notification of infectious diseases had, in the first place, encountered the opposition of the medical profession, since it had become law it had worked

efficiently, and that the medical profession had loyally accepted and acted upon its provisions. One of the medical members of the committee spoke apparently under the impression that the proposed amendments to the Sanitary Acts for Liverpool would give the Corporation the power of sweeping up and removing in mass to hospital patients notified as suffering from infectious disease, and another as if infectious disease was a "private and privileged" matter as between doctor and patient.

The Local Board of Golcar, in the Colne Valley, have adopted a process of precipitation for the disposal of their sewage water. Satisfactory reports are made of the process, which has been designed by Messrs. John Hanson and Co., of Wakefield.

Dr. Simpson, the medical officer of health for Aberdeen, has been directing the attention of the inhabitants to the necessity for frequent cleansing of water-cisterns.

An epidemic of typhoid is reported to have broken out at Oldham. On Wednesday there were about twenty cases in Westhulme Hospital.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty of the largest English towns 5106 births and 3005 deaths were registered during the week ending Saturday, 3rd inst. The annual death-rate in these towns, which had been equal to 20·5 and 21·7 per 1000 in the two preceding weeks, declined again last week to 20·6. The lowest rates in these towns were 15·1 in Wolverhampton, 16·7 in Portsmouth, 17·5 in Birmingham, and 18·1 Bradford; the rates in the other towns ranged upwards to 24·6 in Sunderland, 24·7 in Liverpool, 26·6 in Hull, and 26·9 in Manchester. The death-rate in these towns during the first nine weeks of the current quarter averaged 21·2, against 22·1 and 22·0 in the corresponding periods of 1879 and 1880. The deaths referred to the principal zymotic diseases in these towns were 475 last week, and were 39 below the number returned in the previous week; 126 resulted from scarlet fever, 106 from measles, 91 from whooping-cough, 60 from "fever" (principally enteric), 33 from diphtheria, 31 from small-pox, and 28 from diarrhœa. Scarlet fever showed the largest proportional fatality in Hull, Nottingham, Brighton, and Sunderland; measles in Liverpool and Leeds; and "fever" in Wolverhampton and Leeds. Scarlet fever continues fatally epidemic in Hull, and has caused 525 deaths in that borough since the beginning of July. The 33 deaths from diphtheria in the twenty towns included 21 in London and 7 in Portsmouth. Small-pox caused 30 more deaths in London and its suburban districts, and 1 each in Plymouth, Nottingham, and Liverpool. The number of small-pox patients in the metropolitan asylum hospitals, which had been 452 and 499 on the two preceding Saturdays, declined again to 477 at the end of last week, including 100 in the Convalescent Hospital at Darenth. The new cases of small-pox admitted to these hospitals, which had been 77 and 113 in the two previous weeks, declined to 69 last week. The Highgate Small-pox Hospital contained 38 patients on Saturday last, no new case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 345 and 382 in the two previous weeks, declined to 336 last week, and were no fewer than 175 below the corrected weekly average. The causes of 54, or 1·8 per cent. of the deaths in the twenty towns last week were not certified either by a registered edical practitioner or by a coroner. The proportion of uncertified deaths did not exceed 0·8 per cent. in London, but averaged 2·7 per cent. in the nineteen provincial towns. All the causes of death were duly certified in Brighton, Portsmouth, Plymouth, Wolverhampton, Leicester, Nottingham, and Oldham; whereas the proportions of uncertified deaths were largest in Hull, Sunderland, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 22·3 and 20·3 per 1000 in the two preceding weeks, further declined to 18·9 in the week ending 3rd inst., and was 1·7 below the average rate in the twenty English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been equal to 101 and 89 in the two previous weeks, further declined to 67 last week; of these, 19 resulted from scarlet fever, 14 from diphtheria, 11 from measles, 10 from diarrhœa, 7 from whooping-cough, 6 from "fever," and not one from small-pox. The annual death-rate from these zymotic diseases was equal to 2·9 per 1000 in the eight towns, and was 0·4 below the average rate from the same diseases in the twenty English towns. The highest death-rates from these diseases in the Scotch towns occurred last week in Glasgow and Greenock. The 19 fatal cases of scarlet fever showed an increase upon recent weekly numbers, and included 8 in Glasgow, 5 in Greenock, and 3 in Edinburgh. The 14 deaths from diphtheria were five fewer than the number in the previous week; 5 occurred in Glasgow and 4 in Greenock. Ten of the 11 deaths from measles, and 5 of the 7 from whooping-cough, were returned in Glasgow. The 10 deaths referred to "fever" showed a further decline from the numbers in recent weeks, and included 3 in Glasgow. The deaths attributed to acute disease of the lungs (bronchitis, pneumonia, and pleurisy), which had steadily declined from 134 to 92 in the four preceding weeks, rose again to 103 last week, and were equal to an annual rate of 4·5 per 1000, against 4·6 from the same diseases in London.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 21·2 and 29·1 per 1000 in the two preceding weeks, declined again to 24·5 in the week ending the 3rd inst. The deaths in the city showed a decline of 31 from the number returned in the previous week; 4 were referred to "fever," 4 to scarlet fever, 2 to diarrhœa, and not one either to small-pox, measles, diphtheria, or whooping-cough. The annual death-rate from these principal zymotic diseases did not exceed 1·5 per 1000 in the city, while the rate from the same diseases was equal to 3·5 in London and 2·3 in Edinburgh. The 4 deaths from "fever" were within one of the number in the previous week, and were equal to a rate considerably exceeding the average rate from the same causes in the twenty English towns. The 4 fatal cases of scarlet fever exceeded the numbers returned in recent weeks. The deaths of infants showed a decline, whereas those of elderly persons were more numerous than in any week since last spring.

HEALTH MATTERS GENERALLY AT HOME AND ABROAD.

QUARANTINE AT THE ANTIPODES.

We recently had occasion (THE LANCET, Nov. 19th, p. 890) to direct attention to certain eccentricities (not to use a harsher term) in the administration of quarantine at Sydney, New South Wales. Here is another illustration of the practice of the port taken by the *Japan Weekly Mail* from the columns of the *China Mail*. The steamer *Ocean* left Hong Kong for Sydney with 400 Chinese passengers on board on May 22nd. After touching at several ports and a passage of thirty-five days, during which there was no sickness on board, and with clean bills of health, she arrived at Port Jackson. There she was boarded by the quarantine officials, and though free from sickness, and with perfectly satisfactory bills, she was ordered into quarantine. The vessel had run short of water and food, but both were refused until the vessel had made her wants known to the population on shore by signals of distress. The quarantine officials were supremely indifferent to the condition of the passengers in the vessel. The ship eventually received pratique and sailed for Melbourne, where immediate pratique was granted after medical inspection. At Melbourne she took on board through passengers for Hong Kong, and while in Melbourne harbour all on board retained perfect health. On her return voyage she had to put into Sydney again, during a heavy gale. There she was directed first to anchor in quarantine in a dangerous position. This the captain refused to do, and another anchorage was appointed for the ship. A guard from the quarantine station, himself in quarantine, was sent on board; the personal property of the passengers was seized and burnt as a precaution against infection, then the passengers were sent on shore, and directed to strip naked on the beach, their clothes destroyed, a suit of clothes and a blanket being given to each in substitution for those removed. All this was done without a shadow of indication that the ship had come from an infected port, or that any infectious disease was or had been on

board. Surely it is time that the Colonial Office at least washed its hands of these practices. If the Colonies must follow their own way as to quarantine, it is certainly undesirable that they should pursue a course likely to have so absurd and wrongful an application under the approval of the Colonial Office.

THE HEALTH OF CALCUTTA.

Dr. McLeod reports for the third quarter of the year a temperature about the average, rainfall in excess of the mean of twenty-four years, a high humidity, and atmospheric pressure presenting no marked change. The cost of food was moderate. The births were in excess of the decennial mean, and the mortality of the quarter was below the average. The fever mortality had been below the mean of past years. Cholera prevailed with more than average severity. "The excess over 1880 was very marked, and the present year finds a parallel among the worst rather than the best years of the decade." Deaths from diarrhœa and dysentery were also below the average. Commenting upon the prevalence of fever, Dr. McLeod observes: "My attention has been directed to an eruptive fever which has prevailed periodically throughout the town during the three months under report. Very few deaths have been caused by it, but medical men have met with a good many cases among children. It resembles a mild scarlatina in some respects, and corresponds in its symptoms more to the disease known as rötheln or German measles than any other exanthem. My inquiries regarding it are still incomplete, and I shall probably be in a position to give fuller information about it in my annual report."

CHOLERA.

According to the latest news from the Levant cholera, which a month ago had reached a daily mortality in Mecca of upwards of 150, and on one day had reached 300, has fallen now to almost (let us hope altogether) to a vanishing point. In Jeddah also, it is reported, there had been two or three days without a single death from cholera. The state of things at Yembo is not mentioned. At present there is no information of any active extension of the disease on the pilgrim routes beyond the seaport towns of Jeddah and Yembo, and it may reasonably be hoped that the returning pilgrims are free from any serious manifestations of the malady. Quarantine in full vigour is being exercised upon ships arriving at Suez from India and the western and southern coasts of Arabia, and in the western ports of the Mediterranean; and to those who have a fancy for studying the eccentricities of political international hygiene the present opportunity ought not to be lost.

AN INSANITARY VILLAGE.

Whitestown is a village in the Carlingford district of the Dundalk Union, and is stated by the medical officer of the dispensary district to be in a most discreditable condition as regards sanitary matters. In the entire village there are no ashpits, privies, back-yards, nor any accommodation whatever, while the public road which passes through the place is converted into an open sewer. Dr. Carroll has reported these facts upwards of ten times to the members of the dispensary committee, but without avail. He describes one of these houses, taken as a sample, to contain but one room, without chimney or window, in which existed eleven human beings, while the total cubic space was less than 600 cubic feet! Notices have now been served on the owners of the property, and in the event of their non-compliance legal proceedings will be taken without delay.

SICKNESS IN THE PUNJAB.

The deaths from cholera in the Punjab province for the month of September were registered as being no less than 2560, against 1649 in the previous month, and 41 in the corresponding month of 1880. There were 34,936 fever cases. The season is looked on as having been one of the most deadly on record. The mortality at Amritsar from cholera and fever was unusually high.

The latest advices from Barbadoes report yellow fever to be still somewhat prevalent in the island. Two children had succumbed, and the civil community were still suffering.

The Berbice *Asylum Journal* for Nov. 1st has the following notice:—"Rabies has appeared amongst the dogs at the asylum, one of them having been killed for the disease, but before this was effected it had managed to bite some seven or eight of the ownerless curs which flock to the asylum grounds as to a harbour of refuge. These were all destroyed. As there is every reason to believe that the complaint was introduced from the town of New Amsterdam, this note is inserted to draw attention to the fact, and put the inhabitants on their guard."

An appeal has been made to the Secretary of State for a supplementary inquiry concerning the so-called Old Mill milk epidemic which prevailed a short time ago in Aberdeen. The Secretary of State, in answering the appeal, said that he did not think there was any proved necessity for a further examination into the matter.

THE SERVICES.

BENGAL MEDICAL ESTABLISHMENT.—Surgeons to be Surgeons-Major: Olliver Thomas Duke; Francis Cobham Nicholson; Thomas Holbein Hendley; William Henry Gregg; Albert Baird Seaman; Frederick Augustus Smyth; Herbert Boyd; John Lloyd, M.D.; William Michael Courtney; Edward Butler Ruttledge; Thomas Robinson; Daniel Nicholas Martin, M.D.; Alexander Bannerman Strahan; William Alexander Crauford Roe; Charles John Walford Meadows; William Napier Keefer; Andrew Deane; William Flood Murray.

BOMBAY MEDICAL ESTABLISHMENT.—Surgeons to be Surgeons-Major: William Coleridge Kiernander; Selim Myer Salaman, M.D.; Frederick Charles Barker, M.D.; Randolph Caldecott; George Waters; Patrick Murphy, M.D.; William McConaghy, M.D.; Arthur Henry Hughes, M.D.

MADRAS MEDICAL ESTABLISHMENT.—To be Deputy Surgeons-General: Brigade Surgeon Michael Cudmore Furnell, M.D.; Brigade Surgeon William Henry Rean, M.D.; Brigade Surgeon William Pearl.—Surgeons to be Surgeons-Major: David Sinclair; John North; Edward Fawcett; William Joseph Hastings, M.D.; Thomas Charles Howell Spencer; Henry George Hall.

BREVET.—Surgeon-Major Henry John Beach, of the Madras Army, to be Brigade Surgeon.

Deputy Surgeon-General W. M. Webb has been appointed to the Meerut Division on arrival in India, vice Deputy Surgeon-General E. J. Franklyn, whose term of service has expired.

Brigade Surgeon J. B. Cole Reade joins the Peshawur Division on arrival from England, vice Deputy Surgeon-General Fraser, transferred to the Rawul Pindi Division.

Brigade Surgeon A. D. Gulland, and Surgeons-Major Supple and Moore have arrived from India in H.M. troopship *Malabar*.

Surgeon-Major C. Planck, Bengal Medical Service, Sanitary Commissioner North West Provinces, has been promoted to the rank of Deputy Surgeon-General from Aug. 4th, 1881.

Surgeons-Major C. E. Wikeley, W. F. Ruttledge, J. F. Brodie, and Surgeon J. Hoystead, are on passage from India in H.M. troopship *Crocodile*, which left Bombay on Nov. 15th.

Surgeon-Major E. Hopkins and Surgeon L. A. Irving left Natal in the *Balmoral Castle* on the 9th ult., in medical charge of troops.

ARTILLERY VOLUNTEERS.—1st Hampshire Corps: Wm. K. B. Welsh, gent., to be Acting Surgeon.—1st Lincolnshire Corps: Surgeon T. Small, to have the honorary rank of Surgeon-Major.

RIFLE VOLUNTEERS.—2nd Norfolk Corps: Edw. Fawcett, gent., M.B., to be Acting Surgeon.

MILITIA MEDICAL DEPARTMENT.—Surgeon-Major David Simpson Penrice, 3rd Battalion, the Norfolk Regiment, resigns his commission; also is permitted to retain his rank, and to wear the prescribed uniform on his retirement.

A MEETING of the governors of the Birmingham Eye Hospital was held this week, when it was resolved to build another institution in New Edmund-street, at a probable cost of £17,000.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an ordinary meeting of the Council of the Royal College of Surgeons held on Thursday last the adoption of the report of the Nomination Committee comprised the principal business.

The Committee, in pursuance of the clause of the regulations adopted by the Council on June 9th last, by which it is provided that "the regulation limiting the period of office for any examinership to five consecutive years may, upon special recommendation by the Nomination Committee and the approval of the Council, be suspended," specially recommended that the regulation in question be suspended in favour of Mr. Thomas Pickering Pick, who had held the office of Examiner in Anatomy for the past five years. This was accordingly done after some discussion, and the following nine Fellows were elected as the members of the Board of Examiners in Anatomy and Physiology for the Membership and Fellowship of the College for the ensuing year:—For Anatomy: Messrs. Walter Rivington, John Langton, T. P. Pick, and E. Bellamy. For Physiology: Messrs. Henry Power, Morrant Baker, B. T. Lowne, Jeremiah McCarthy, and Gerald Yeo.

Correspondence.

"Audi alteram partem."

SPECIAL PRACTICE AND SPECIALISMS.

To the Editor of THE LANCET.

SIR,—It has been an unfortunate circumstance for our profession that the "pure" physicians and surgeons, as they were once called, should have failed to recognise in time the fact that the increase of knowledge, generally and professionally, demanded proportionately more work from them than was possible to be done; more work in learning, more in teaching, and more in practice. Failing to perceive this, they endeavoured each in their own department with all their power to keep abreast of the advance around them. But there were some in the profession who saw that in the attempt to compass all they missed much in regard to physiology, to pathology, and to treatment. These others, by concentrating their attention on portions of the body, found that much had been missed, and that, therefore, much was yet to be learnt. Bringing their increased knowledge of a special organ or association of organs to the treatment of their disarrangements or diseases, they were naturally more precise, and therefore more successful; and also as a natural result they became more popular. The "pure" foreseeing that in paying much attention to one organ there would be a natural tendency to forget the rest of the body, unless carefully guarded against, very properly did not fail to point this out. But this dread of what was called in its bad sense "specialism" was tinctured with some acerbity, the very natural consequence of an effect which self-interest could quickly perceive. It was a mixture of these two feelings which led the older "pures" to exclaim (and not without violence) against special practice, and to cause them to treat all special practitioners as "specialists" within their worse meaning of the term. And this has not yet quite passed away, much to the disadvantage of all, for the change was inevitable; had its necessity been recognised early, irritation on one side and a sense of injury on the other might have been spared. Besides, this dread and sometimes acrid action on the part of the "pures" tended to intensify the very error they attacked, and in this way. The division of work was inevitable (this is now virtually acknowledged). Those who engaged in the special departments did it either from a liking for the particular work, or from an anxiety to distinguish themselves in some way. They found the openings into pure medicine and surgery few, and the waiting long; or, anxious for more precision and less discursiveness, they embraced opportunities as they occurred or carved out ways for themselves. But they soon found themselves under a kind of ban, looked down upon, and if not actually shunned by the "pure," yet placed in a position which led to no steps upward in professional advance, and subject not infrequently to accusations, if not of actual dishonesty, yet of something very like it. Was it a wonder that one here and there might have been seen, who, finding no reward within the profession, sought to recoup himself by money making; or, driven in a manner outside the profession, felt less influenced by those rules which, binding us together, very properly guide our conduct to one another? I say from my own knowledge that this partial exclusion of those who follow special practice has reacted upon the special departments very detrimentally, and many a young man who had ambition and talent, has declined appointments to them, simply because he saw no chance of gaining through their portal positions of high professional standing; and thus these departments are deprived of those who would have been ornaments of their department and of their profession. I ask, Is this wise? is it fair? It may be said that this is a thing of the past. Hardly so; when the late discourse on specialism, upon which you have already made observations, evidently confuses *special practice*, *specialisms*, and what one answerer has called *scoundrelism*, together. Special practice is a necessity. It may become too exclusive, and then we have specialism in its faulty sense; but we have no right to attach to this an immoral sense (which belongs to few), and to it no more than to the surgeon or physician; and I would fain believe to our profession, as a body, less than any other class, though we cannot claim any absolute exemption from the weakness or vice of human nature.

But surely the specialists can as easily retort on the "pure," and tell him that with all his large general knowledge he has failed to recognise the existence of local disorders; that he has thereupon denied the existence, or at any rate the influence of these disorders, which are almost self-evident to the special practitioner; what right, therefore, it may be asked, has he to accuse the specialist of unnecessary interference when he does not know what is the condition, and therefore cannot judge the necessity for treatment?

But why should the two be mutually recriminating? Might it not rather be asked of pure medicine and surgery, why has it not gathered up all the knowledge acquired by so many special workers, and out of these gleanings, great or small, given us all a grander view and less limited therapeutics than is possible working by itself? May it not also be asked, if special practice must be, why place those who follow it in a kind of outside circle? and why by this and other scarcely kindly methods prevent the best men from adding lustre and breadth to specialism?

There is one more point to which I wish to allude. Dr. Russell Reynolds wishes that those who follow special practice were not so exclusive, and saw more of other cases, and more of other sex than that which frequented their rooms. Exactly so; but is it not a well-known fact that anyone who ventures to go outside his particular line is instantly exclaimed against, and not in a very gentle way? The profession is itself to blame for that excessive specialism, which is so detrimental to practice. I am speaking principally of London. Nowhere else is this "separatism" or "exclusivism" so strongly kept up; in no medical centres in the world has this feeling lingered so long as in our colleges.

Thus, in two ways we have had the errors of specialism intensified by the heads of the profession; and although a change for the better has taken place, yet a far more liberal treatment must be adopted before the faults of specialism cease to exist.

I have been only speaking of faults; I make no remarks on the vices, because I leave it to the general body to say whether the recent portraits be true of special practitioners in particular or of consultants in general.

I am, Sir, your obedient servant,

George-st., Hanover-sq., Nov. 1881. J. BRAXTON HICKS.

PARADOXICAL TEMPERATURES.

To the Editor of THE LANCET.

SIR,—When you consider that it was at Dr. Mahomed's suggestion that I first wrote to you, is it not rather unfair that he should be so sarcastic in his reply? I simply wished to put before the profession a plain statement of facts, in order that they might not be deceived by Dr. Mahomed's prejudicial opinions. He says he finds no account of the high surface

temperature in the report. If that is so, in that point I admit I am at fault, and it only shows how careful one ought to be in recording on paper every observation made. Then he brings as evidence the fact that Dr. Moxon, Dr. Taylor, and Dr. Goodhart did not believe in the temperatures. Well, I assert that my opinion and that of the other ward-clerks must be far more valuable than any one of these, for the simple reason that we were in the wards all day long and had every opportunity of watching the case, whereas the visiting physicians would only see the case twice or three times a week, and then only for a short time. Now, we know that the temperature of the skin over a superficial abscess is considerably raised and is easily appreciable. Why, then, should not the same effect be produced by an abscess deeper down—e.g., the large cavity which existed in the left apex of this patient's lung? It is possible to make a mistake about a low temperature, but a high one is a fact which must be either admitted or explained away, and Dr. Mahomed can do neither; so further comment is needless.

I am, Sir, your obedient servant,
W. H. E. NEWNHAM, B.A. (Cantab.), M.R.C.S.
Guy's Hospital, Dec. 1881.

PROFESSOR VIRCHOW'S TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Permit me to acknowledge the receipt, during the past week, of the following contributions to the above fund:—

Dr. Grainger Stewart, Edinburgh ...	£5	0	0
Dr. Philip Frank, Cannes	2	0	0
Dr. Saundby, Birmingham	0	10	6
W. Bowman, Esq., London	5	5	0

I am, Sir, your obedient servant,
Old Burlington-street, Dec. 1st, 1881. J. S. BRISTOWE.

THE ASSAULT ON THE DOUBLE QUALIFICATION OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—The numerous readers of your journal who, like myself, have the honour of holding the double qualification of Edinburgh, can well afford to treat the letter of "Common Sense" on the above subject with contempt, when we recollect the fact that our diplomas are signed by a staff of examiners second to none in the universe. Such names as T. Grainger Stewart, Balfour, Spence, Lister, Duncan, Littlejohn, Haldane, P. H. Watson, Annandale, Bell, Alex. Wood, Keiller, and a host of other such well-known names, are surely honourable passports to practice, and place those they certify in a position to smile at the empty braying of individuals of the "Common Sense" ilk.

I remain, Sir, yours truly,
WM. BENNETT, L.R.C.P.E., L.R.C.S.E.
Chester-le-Street, December 5th, 1881.

GLASGOW.

(From our own Correspondent.)

THE matriculations for the present session in the University of Glasgow number 2316, 624 being in the Faculty of Medicine; Arts and Medicine, 25. The total number of matriculations last year was 2304. Last session the matriculations in Medicine were 557, and in the previous year 539. There is here, therefore, material evidence that the tide of prosperity is still flowing at the University Medical School. It is not so easy to say whether the above-noted increase is of a natural and healthy kind, or due to external circumstances, such as the conjoint board agitation, and "the prospect of some organic change in the increased cost of medical education and qualification." Some statistics recently published by Dr. Geo. Buchanan, regarding the attendance at the various medical schools of the city during the last seventy years, seem to indicate that variation in numbers attending a school is dependent mainly on such circumstances as the prospect of a demand for surgeons in view of a war impending, or a panic in prospect of new regulations, &c.

With the other medical schools (the Andersonian, the Royal Infirmary, and the Western School) matters seem to be going equally well. At the Royal Infirmary many changes have taken place: thus Dr. J. Wallace Anderson takes the lectureship in the Practice of Medicine, Dr. W. Macewen that in Surgery, and Mr. Glaister that in Medical Jurisprudence. The Western School has opened this session with quite a comprehensive prospectus, no fewer than four new lecturers having been added to the staff of teachers: Dr. J. M. Milne, in Chemistry; Mr. A. E. Maylard, lately of Guy's Hospital, in Anatomy; Dr. A. Carmichael, in Materia Medica; and Dr. E. Duncan, in Medical Jurisprudence and Public Health. One in every five of the medical men of the city is a teacher of students, either clinically or as a curriculum lecturer.

Dr. D. Newman has just been appointed to the lectureship in Pathology at the Royal Infirmary, rendered vacant by the lamented death of Dr. D. Foulis. Dr. W. J. Fleming has been appointed Dispensary Surgeon to the same institution.

Professor M. Charteris has been elected Honorary President of the Andersonian College Medical Society. This is a well-merited compliment.

The ambulance movement appears to be taking root here. The effective displays of some of our local volunteer ambulance corps, and the services they rendered at the recent review in Edinburgh, together with the appeal made by Dr. G. Buchanan, in his "Combe Trust" lecture, seem to have set the question fairly going again. It is now announced, and certainly not too soon, that our police are to have a regular course of ambulance instruction.

The annual meeting of the Maternity Hospital was held last week. The medical report stated that, during the year the number of indoor cases was 273, outdoor cases 974; in all, 1247. The number of children born in hospital was 274, 5 being cases of twins. The hospital had been taken advantage of by several poor women, who were found to be dying on admission; this, with the unusual number of cases demanding operative interference, raises the number of deaths to 10, or 3·6 per cent., a higher rate than usual. That the new hospital is well adapted for its purposes was shown by the marked absence of epidemic disease, and by the fact that the average number of days which patients required to remain in the institution fell from twelve last year to ten and one-third this year. The financial statement was, on the whole, a highly favourable one.

IRELAND.

(From our own Correspondent.)

THE nomination of Dr. Lyons, M.P. for Dublin, to the seat in the General Medical Council for Ireland, vacated by the decease of Dr. McClintock, is a source of general satisfaction. Dr. Lyons, who is a lecturer on medicine in the Catholic University Medical School, and connected with the Richmond Hospital, is a very distinguished physician, a man of considerable ability, and one whose experience and tact will be of great benefit to the profession in the General Council. Dr. Lyons is a graduate in medicine of the University of Dublin, a member of the Senate of the Royal University of Ireland, and an ex-president of the College of Physicians.

The first meeting of the forty-fourth annual session of the Dublin Obstetrical Society was held recently at the College of Physicians. The President, in his opening address, referred to the death of Dr. McClintock and others, whose loss they all must deeply regret. He further alluded to the proposal for amalgamating the various medical societies of Dublin, and stated his belief that the plan was an objectionable one, and would not produce the same results as flowed from the separate action of each society.

Mr. Wheeler at a late meeting of the Surgical Society of Ireland detailed the treatment of a case of acute tetanus by nerve-stretching, which was successful. The patient was a girl aged eight, who last October received a lacerated wound of the hand, and when tetanic spasms took place various remedies were administered: such as chloral, bromide of potassium, Indian hemp, ice to spine, &c., but without effect. The median nerve in the forearm, having been exposed, was

stretched, and the patient progressed gradually towards recovery. In the discussion which ensued, the general opinion appeared to be that from the cases published, particularly those referred to by Professor Esmarch, very slight reliance could be placed on the operation for the cure of acute tetanus.

At a meeting of the Council of the same Society, held recently, it was resolved that, in recognition of the valuable services rendered to the Society by Mr. Richardson, late one of the honorary secretaries, some suitable mark of esteem and regard should be presented to him. A subscription list, limited to one guinea, has been opened, and the testimonial will be presented to Mr. Richardson at a meeting of the Society on the 13th January next.

An application will be made to the Court of Queen's Bench on behalf of Dr. Kenny, who was recently removed by the Local Government Board, for a mandamus to rescind the order, and Dr. Kenny's solicitors have requested the guardians of the North Dublin Union not to prejudice that gentleman's position by appointing his successor pending the decision of the legal question raised. To this the guardians have agreed, and on the 30th ult., the day appointed for the election of a medical officer to the workhouse, a resolution was adopted postponing the election for two months.

An extraordinary case of suicide took place in Belfast last week. A man named Stewart was discovered in the yard of his house, his breast resting on the ledge of the ashpit, which is about four feet high. The head was hanging over in the ashes, and a small hatchet was lying between the hands. The scalp was removed for nearly five inches, and in the centre of this wound there was a fracture of the skull extending into the brain. The peculiar position of the wound is noteworthy, more especially as several blows of the hatchet were possibly required to inflict such an injury as that produced. The deceased, it may be added, was of somewhat weak intellect. The coroner, at the inquest held, said the case was most singular; but the only evidence they had led them to believe that suicide had been committed; and a verdict to that effect was returned.

During last month thirty-three cases of small-pox were removed to the Hospital for Contagious Diseases, Belfast; and forty-one deaths took place from zymotic diseases. Hitherto the spread of small-pox has not been attended by a high rate of mortality, only two deaths having been registered in the five weeks ending the 26th ult.

Sir Richard Wallace, Bart., M.P., with characteristic liberality, has promised to give twenty acres of land to the people of Lisburn, as a site for a public park. The only conditions attached to the gift are, that the town will keep it in repair, and provide a park-keeper.

Dr. George Reginald Leeper, of Drumkeeran House, Kesh, has been placed on the Commission of the Peace for the County of Fermanagh.

In view of the strongly expressed wish in many quarters, that an amalgamation should take place between the Dublin Orthopædic Hospital and the National Orthopædic Hospital of Ireland, the committee of the former institution have published the correspondence between the executive of the two hospitals in reference to the initiatory steps taken, with a view to the consideration of the scheme proposed. The mistake, in a comparatively small city like Dublin, of possessing two institutions of the kind is sufficiently obvious, as was remarked by the Lord Mayor lately, when presiding at the annual meeting of the Dublin Orthopædic Hospital.

Obituary.

RICHARD THOMAS GORE, F.R.C.S.

RICHARD THOMAS GORE was born in Dublin in 1799, his father being Richard Gore of Lumville, King's County, whose uncle was Major Wm. Gore of the famous 33rd Regiment. The father soon removed to Chester, and the son was placed with a clergyman, by whom he received a good general education and a knowledge of French. He quickly taught himself German, and turned his knowledge to good account by translating Blumenbach's "Elements of Natural History," and "An Introduction to the Comparative Anatomy of Animals" by Carus. He received his professional education at St. Bartholomew's Hospital, and in 1820 obtained the licence of the Apothecaries' Hall, and in 1821 the membership of the College of Surgeons. He shortly afterwards commenced practice in Bath in partnership with the late Mr. Kitson. He was elected honorary fellow of the College of Surgeons in 1843, and the next year was appointed Surgeon to the United Hospital, Bath, a position which he retained until some two months ago. He died on the 14th ult. Of Mr. Gore it may fairly be said that he never did himself justice. Possessed of very considerable ability, of quick, clear, and accurate perception, and of the faculty of expressing his thoughts in terse, simple, and yet precise language, a diligent student, and devoted to his calling, he was qualified for a wider field of usefulness than that which he occupied. Locally he was known to be a skilful surgeon, whose opinion always commanded respect; but he seems to have been not thoroughly well adapted to the exigencies of general practice. He took a somewhat active part in municipal affairs, and was for many years an Alderman, having previously served as a Common Councilman for several years. His independence of character and sterling honesty, coupled with his ready grasp of any subject to which he gave his attention, enabled him to render valuable aid in this capacity, and he found specially useful scope for his talents in the questions connected with the water-supply and sanitary matters in general. In early life he took an active part in politics as a Conservative, but gradually separated himself from his old allies, and joined the Liberal party. He will be long remembered in Bath; and although some may regret that more use was not made of his abilities, none can point to any unworthy application of them, or, knowing him, can fail to recognise a good man.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members, having passed the required examination for the Fellowship on Nov. 24th, 25th, 26th, and 28th, were, at a meeting of the Council held on Thursday, duly admitted Fellows of the College:—

Barling, Harry Gilbert, M.B. Lond., Newnham, Gloucestershire. Diploma of Membership dated July, 1879.
Gill, Richard, M.B. Lond., Princes-street, Hanover-square. (Not a Member.)
Griffith, W. S. Anderson, Guilford-street, Russell-square. April, 1878.
Leahy, Albert William Denis, L.S.A., Warwick-street, Pall-mall. November, 1878.
Lockwood, Charles Barrett, L.S.A., Serjeants'-inn, Fleet-street. April, 1878.
Shattock, Samuel Geo., L.S.A., Downshire-hill, Hampstead. January, 1876.
Uhthoff, John Caldwell, M.D. Lond., Western-road, Brighton. July, 1877.

One other candidate passed the examination, but not being of the legal age (twenty-five years) will receive his diploma at a future meeting. Seventeen candidates failed to reach the required standard, and were referred for twelve months' further professional study.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on Dec. 1st the Degree of M.B. was conferred on the following gentlemen:—

Brunton, C. E., St. John's. | Phillips, J., St. John's.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on November 24th and December 1st:—

Clarke, Albert Bleckly, Chatteris, Cambs.
Day, John Roberson, Camden-road.
Gordon, Edward, Hazelgrove, Stockport.
Phillips, Frank Leslie, National Hospital, Ventnor.
Spicer, Robert Henry Scanes, Cambridge-street, Hyde-park.
Stuart, Ernest Offord, Nightingale-vale, Woolwich.
Woolfson, Louis E. Green de, Holles-street, Cavendish-square.

The following gentlemen also on the same days passed the Primary Professional Examination:—

Charles Fredk. Power, Manchester School of Medicine; Nasarwanji N. Parakh, Grant Medical College, Bombay.

MR. EDWIN E. RAWSON has received the Government grant for efficient vaccination for the North Bierley Union (fourth time).

A MIDWIFE was on the 30th ult. committed for trial for manslaughter by the Tunbridge Wells magistrates. She had, it was alleged, conveyed puerperal fever from one patient to another, and death resulted in the second case.

THE number of attendances of children at the East-end Crèche, founded nine years ago by Mrs. Hilton, has considerably exceeded 30,000. The number last year was 2048.

A PRIZE, of the value of £100, offered by the Equitable Life Assurance Society of the United States for the best essay on "Life Assurance," has been awarded to Mr. T. M. Dolan, F.R.C.S. Edin., of Halifax, Yorks.

THE medical officers of Mile-end Old Town Union have received gratuities for extra services rendered during the recent small-pox epidemic—viz., Messrs. Cæsar and Loane, twenty guineas; Mr. Atkins, fifteen guineas.

THE funds accruing from the Hospital Saturday and Sunday collections at Gloucester have been distributed as follows:—Infirmary, £286 4s.; Eye Institution, £83 8s. 9d.; Children's Hospital, £87 5s. 8d.; Dispensary, £82 19s. 11d.

THE BROMPTON CONSUMPTION HOSPITAL.—On Monday last, the recently erected extension buildings in the Fulham-road, connected with the main hospital by a subway and containing 147 additional beds, were opened by Mr. Beckwith, Chairman of the Committee of Management.

PRESENTATIONS.—A very handsome bracket clock and an illuminated address were, on the 19th ult., presented to C. Pooley, Esq., of Northumberland Lodge, Cheltenham, late of Weston-super-Mare, on his retirement. On the plinth was a silver plate which bore the following inscription:—"Presented to Charles Pooley, Esq., F.R.C.S., F.G.S., F.S.A., by a few friends and late patients, as a slight token of their appreciation of his many kindnesses in and apart from his profession. Weston-super-Mare, Nov. 1881."——Dr. Taylor, curator of the Ipswich Museum, has been presented with a purse of £660, accompanied with a handsome clock and gold watch for Mrs. Taylor, in recognition of his labours in connexion with the museum, and of his annual course of scientific lectures, which for a number of years he has delivered in Ipswich without any emolument.——Mr. Penkivil, L.S.A., assistant to Dr. Frost of Williton, being about to leave the town, has been presented by the inhabitants with a timepiece and salver, along with an illuminated address, in token of their appreciation of his kind and skilful medical services, especially to the poor of the neighbourhood.——A testimonial was subscribed by the friends and patients of Dr. T. M. Edwards on his leaving Glastonbury for London some months ago, but has only just been presented. The testimonial, which expresses the respect and esteem of the signatories, is signed by upwards of 100 persons, is beautifully engraved on vellum, and placed in a handsome oak frame. A couple of carved antique Glastonbury chairs accompanied this testimonial.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning, at the latest.*

BATTERHAM, J. W., M.R.C.S., L.S.A.Lond., has been appointed Junior House-Physician to the Westminster Hospital.

CHITTENDEN, T. HILLIER, M.R.C.S., has been appointed House-Surgeon to St. Peter's Hospital, Berners-street, vice G. Talbot Woolley, M.R.C.S., whose term of office has expired.

EVANS, ROBERT W. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Wrexham Urban Sanitary District.

GUBBIN, G. F., M.R.C.S., L.R.C.P.Lond., has been appointed Senior House-Physician and Chloroformist to the Westminster Hospital.

LUNDY, LOUIS FRANCIS, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Staines Rural Sanitary District.

MCCOUBREY, DAVID, M.D., M.C.Q.U.I., has been appointed Medical Officer for the Silkstone District of the Penistone Union.

MCNALTY, FRANCIS C., M.B., M.Ch.Dub., has been appointed Medical Officer to the Colton District of the Ulverstone Union.

MACNAMARA, H. W., M.R.C.S., has been appointed Resident Obstetric Physician to the Westminster Hospital.

POOLEY, THOS. A., F.C.S., has been appointed Public Analyst for the Borough of Maldon, vice Whitmore, deceased.

ROBERTSON, JOHN, M.D., C.M., has been appointed Certifying Factory Surgeon for the Dumbarton District, vice T. F. Cullen, M.D., resigned.

ROPER, E., M.R.C.S., has been reappointed Medical Officer for the Shepperton District of the Staines Union.

STONHAM, CHARLES, M.R.C.S., has been appointed House-Surgeon to University College Hospital, vice Collings.

SUNDERLAND, WILLIAM, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Thaxted District of the Dunmow Union.

WATERS, A. J. GULLIVER, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Brandon District of the Thetford Union.

WEBSTER, JOSEPH H., L.R.C.P., M.R.C.S., has been appointed Medical Officer and Public Vaccinator to the No. 1 and Morden Districts of the Wareham and Purbeck Union, vice W. Todman Boreham, M.D., resigned.

WILLIAMS, L., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Waterferry District of the Thame Union.

WRIGHT, CHRISTOPHER ST. J., M.B., C.M.Aber., M.R.C.S., L.S.A.Lond., has been appointed Resident Medical Officer to the Workhouse, Islington.

Births, Marriages, and Deaths.

BIRTHS.

BREWER.—On the 2nd inst., at 11, Victoria-place, Newport, Mon. the wife of Reginald E. Wormald Brewer, L.R.C.P.Lond. &c., of a son.

BUCKLE.—On the 29th ult., the wife of John Buckle, M.R.C.S., of Great Bardfield, of a son.

DENNISTON.—On the 1st inst., at Dunoon, Argyllshire, the wife of J. Denniston, M.D., of a son.

GEOGHEGAN.—On the 20th October, at Pietermaritzburg, Natal, the wife of Surgeon-Major Geoghegan, of a daughter, who survived her birth only a few hours.

LE DOUX.—On the 29th ult., at Langton House, East Moulsey, Surrey, the wife of Gustav R. le Doux, of a daughter.

LOWE.—On the 27th ult., at Stapenhill, Burton-on-Trent, the wife of Henry Charles Lowe, M.R.C.S., of a daughter.

MESSUM.—On the 17th October, at King William's Town, South Africa, the wife of Gordon B. Messum, M.R.C.S.E., L.R.C.P.Lond., of a son.

MOIR.—On the 27th ult., at Newhall, Burton-on-Trent, the wife of John Hay Moir, M.B. & C.M., late Civil Surgeon Attached to the Army Medical Department, South Africa, of a daughter.

PRESTON.—On the 4th inst., at Union-street, Plymouth, the wife of Theodore J. Preston, L.R.C.P.Lond., M.R.C.S., &c., Surgeon to the Royal Naval Hospital, Plymouth, of a daughter.

REYNOLDS.—On the 5th inst., at Stamford-hill, N., the wife of W. Percy Reynolds, L.R.C.P.Lond., M.R.C.S., of a daughter.

WALSH.—On the 25th ult., at Jersey, the wife of Thomas Walsh, Surgeon-Major, Army Medical Department, of a daughter.

MARRIAGES.

BEATTY—SCOTT.—On the 1st inst., at Christ Church, New Seaham, by the Rev. W. A. Scott (uncle of the bride), assisted by the Rev. D. W. James, William J. Beatty, L.R.C.P. &c., of Barrington-crescent, Stockton-on-Tees, youngest son of T. C. Beatty, Esq., M.R.C.S., L.S.A.Lond., of Seaham Harbour, to Alice Fitzgerald, third daughter of the late Rev. John Scott, Rector of Marshals-town, Ireland, and niece of the late General Hill.

CORNISH—BIRD.—On the 30th ult., at St. Mary's, Paddington, John Francis Cornish, of Stancombe, South Devon, to Bessie Mary, younger daughter of the late George Gwynne Bird, M.D., F.R.C.S.

KANE—CARDEW.—On the 1st inst., at St. Andrew's Church, Bath, John Seymour Kane, B.A. & M.D., of Almondsbury, Gloucester-shire, to Emma, eldest daughter of G. S. Cardew, M.D., of Mari-borough-buildings, Bath, Inspector-General of Hospitals, H.M. Indian Army (retired).

LACEY—LACEY.—On the 29th September, at St. David's Church, Sydney, New South Wales, by the Rev. J. Hargrave, Charles W. Lacey, L.R.C.P.Lond., M.R.C.S.E. (Guy's), of Waratah House, Kiama, New South Wales, to Mary Isabella Lacey, of Fallowfield, Man-chester.

MARGETSON—SPARKS.—On the 3rd inst., at St. Mark's, Notting-hill, Parker Margetson, M.R.C.S., L.S.A.Lond., of Barnes, Surrey, to Agnes Helen, third daughter of the late Lieut.-Col. T. P. Sparks, Madras Staff Corps.

DEATHS.

ELLIOTT.—On the 30th ult., at Orrell House, Sowerby-bridge, James Elliott, Surgeon, only son of the late William Elliott, M.D., aged 38.

FINCH.—On the 28th ult., suddenly, at Stainton Lodge, Blackheath, Robert Finch, M.D., aged 56.

HENRY.—On the 4th inst., at 10, Lowther-street, Whitehaven, Emerson Wilson Henry, M.D., M.Ch., aged 37.

JUNOD.—On the 26th ult., at Osnaburgh-street, Regent's-park, Victor Théodore Junod, M.D., of Bonvillars, Switzerland, late from Rue de Castiglione, Paris, in his 77th year.

MARTIN.—On the 29th October, at Port of Spain, Trinidad, of fever, Alfred Henry Martin, M.B.T.C.Dub., Colonial Medical Service, youngest son of James Martin, F.R.C.S.I., of Portlaw, Ireland, aged 33.

MOIR.—On the 28th ult., at Newhall, Maggie, the infant daughter of John Hay Moir, M.B. & C.M.

NEWSHOLME.—On the 10th ult., at The Green, Hellifield, Henry Wilkinson Newsholme, M.R.C.S., fourth son of John Wilkinson Newsholme, Esq., aged 22.

STEELE.—On the 27th ult., at Abergavenny, Elmes Yelverton Steele, M.R.C.S., L.S.A.Lond., aged 69.

STRIDE.—On the 3rd inst., at High-street, Sheerness-on-Sea, Edward Stride, M.R.C.S., L.S.A.Lond., aged 58.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Dec. 8th, 1881.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Dec. 2	30·26	S.W.	48	40	..	54	37	·16	Overcast
,, 3	30·22	S.	45	44	..	50	42	..	Hazy
,, 4	30·09	S.E.	43	40	..	48	39	..	Overcast
,, 5	30·15	S.	48	47	..	50	39	..	Raining
,, 6	30·22	S.E.	42	41	..	52	35	·18	Foggy
,, 7	29·78	S.W.	45	44	..	47	38	·32	Overcast
,, 8	29·98	W.	38	37	..	44	33	..	Fine

Medical Diary for the ensuing Week.

Monday, Dec. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. — Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Hilton Fagge will open a Discussion on the Salicylate Treatment of Acute Rheumatism, when numerous hospital statistics will be laid before the Society by the President (Dr. Broadbent), Dr. Coupland, Dr. de Havilland Hall, Dr. Charles Hood, Dr. Isambard Owen, Dr. Warner, and Dr. Gilbart Smith.

Tuesday, Dec. 13.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Rev. R. H. Codrington, "On the Melanesian, Malay, and Polynesian Languages."—Mr. M. J. Walhouse, "On some Vestiges of Girl-Sacrifices, Jar-burial, and Contracted Interments in India and the East."—Mr. G. Bertin, "On the Origin and Primitive Home of the Semites."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8.30 P.M. Mr. Reginald Harrison (Liverpool), "On a Case of Lithotomy where a Tumour of the Prostate was successfully Enucleated, with remarks on the Removal of such Growth."—Mr. Berkeley Hill, "On a Case of Fibrous Polypus of the Bladder successfully Removed."

Wednesday, Dec. 14.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.—Skin Department.—1.45 P.M., and on Saturday at 9.15 A.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. — Operations, 2½ P.M.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. A. D. Michael, "On Further Observations on British Oribatidæ."—Mr. W. H. Symons, "On a Hot and Cold Stage for the Microscope."

Thursday, Dec. 15.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.
HARVEIAN SOCIETY.—8½ P.M. Third Harveian Lecture: Dr. Alfred Meadows, "On Menstruation and its Derangements."
ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Mr. Gill, "On Rises of Temperature after Operations."

Friday, Dec. 16.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 17.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Local papers containing reports or news-paragraphs should be marked.

We cannot prescribe, or recommend practitioners.

Lectures, original articles, and reports should be written on one side only of the paper.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

FORCED FEEDING IN PHTHISIS.

M. DEBOVE has lately urged the importance of the forcible feeding of phthisical patients by means of the œsophageal tube, and his favourable results have been confirmed by M. Dujardin-Beaumetz. In some cases the stomach is first washed out, and then food is introduced, easily digestible—milk, eggs, pounded meat, &c. Patients are said rapidly to regain appetite, strength, and nutrition, and to lose their pyrexia, night-sweats, and vomiting. The tolerance of the stomach for food thus introduced, even in considerable quantity, is said to be remarkable, and even the most troublesome cough no longer causes vomiting. M. Dujardin-Beaumetz has employed for this purpose an œsophageal tube one centimetre in diameter, and gives by it 100 grammes of raw meat, four eggs, and two litres of milk at a time, and 150 or 200 grammes of cod-liver oil. He prefers to feed the patient in this manner twice in the day, and has also observed under this treatment an improvement in the pulse, a diminution in the fever and in the sweating, but he has not yet observed a decrease in the pulmonary disease.

X. Y.—Our correspondent must exercise his own choice among the standard works on medicine and surgery. In regard to hygiene, consult Parkes's "Practical Hygiene" (Churchill), Gore's "Contribution to the Medical History of our West African Campaigns (Baillière, Tindall, and Cox), and Horton's "Physical and Medical Climate and Meteorology of the West Coast of Africa" (Churchill). Search might be made in the library of the Royal College of Surgeons.

"A CASE OF INJURY TO THE SKULL."

To the Editor of THE LANCET.

SIR,—If "Surgeon" will refer to THE LANCET of March 5th, 1881, he will there find notes of a case in which the principal symptom was a constant dropping of a watery fluid from the nose. So far as this particular symptom is concerned, the cases appear to be identical. In the case which I reported the condition described was not the result of any injury whatever, but appears to have been quite idiopathic in its origin.

I am, Sir, yours faithfully,
Haltwhistle, Dec. 5th, 1881. M. R. SPEIRS.

To the Editor of THE LANCET.

SIR,—In reply to "Surgeon," allow me to refer him to valuable additional papers bearing upon his case in THE LANCET, vol. ii., 1878, p. 773; vol. i., 1881, p. 369. *Brit. Med. Jour.*, vol. ii., 1878, pp. 831, 921; vol. i., 1879, p. 175.

I am, Sir, yours, &c.,
Dec. 5th, 1881. MEDICAL DIGEST (SECT. 391-2).

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—I have been urged by many friends and others with whom I am concerned in the management of charities to publicly state that I am not the Dr. Aveling (Bachelor of Science, and not a member of the medical profession) whose name is so frequently associated with that of Mr. Bradlaugh, and who has now been removed from his post of Lecturer on Comparative Anatomy at the London Hospital. You will oblige me exceedingly by inserting this short note.

I am, Sir, your obedient servant,
Upper Wimpole-street, W., Dec. 1st, 1881. JAMES H. AVELING.

DELAY OF POST-MORTEM EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—Your remarks on the above subject in the last issue of THE LANCET will, I trust, draw public attention to the great delay every day occurring in the issue of warrants for post-mortem examinations, and the danger medical men incur in making post-mortem examinations before the arrival of the coroner's warrant. What occurred last week will explain my meaning. On the 22nd I was called by the police to view the body of a man who was found drowned in the Chelsea Creek. On the 23rd at 10 A.M. I was asked by the police to give a positive opinion as to whether death arose from drowning or from violence, as it was alleged that cries of "murder" and "police" were heard about the time the man was supposed to have got into the water. I accordingly made a post-mortem, and was able to satisfy the police that the case was a simple one of drowning, and that I found no marks of violence or injury upon the body.

Late on the evening of the 24th, when I was some distance from home, the warrant to make a post-mortem examination was left at my house, and summoning me to appear before the coroner at 3.30 P.M. on the 25th. I attended the inquest, and on telling the coroner I had made the post-mortem on the 23rd, he very politely referred me to the police for payment of my fee, and firmly, but most courteously, refused payment of it, as having to swear to the accuracy of his accounts, he could not pay my fee, using, however, for the information of the jury, my evidence as to the post-mortem. The fault is not with the coroner, but the bench of magistrates, who will not allow the smallest sum to the beadle for travelling expenses. I do not intend to let the matter rest here. I have written to the receiver of the metropolitan police, asking if I may charge the guinea in my next account against them, and I will take an early opportunity of bringing the matter before the bench of magistrates. The result of this I will duly communicate to you.

I am, Sir, yours faithfully,
RICHARD THOMAS DANIELL, M.B., F.R.C.S.I. (Exam.),
Divisional Surgeon, Chelsea Division of Police.

Cathcart-road, S.W., Nov. 28th, 1881.

L.R.C.P.—The qualification mentioned does not justify the use of the title specified. For the troublesome symptom mentioned a little sal volatile might be given in water. That failing, a little charcoal.

Mr. R. V. Kelly.—The paper is marked for insertion.

Professional.—It would not be right to appoint a surgeon on the staff of a cottage hospital who merely represents an unqualified practitioner.

LUMBRICUS IN TUBERCULAR ULCERATION OF THE INTESTINE.

To the Editor of THE LANCET.

SIR,—The case of obstruction of the pancreatic duct by a lumbricus, which appeared in THE LANCET of Nov. 5th, may perhaps lend some interest to the following note. The post-mortem examination of a Hindoo woman, who had suffered from phthisis pulmonalis, demonstrated numerous tubercular ulcerations of the intestine. Some were large and sloughy, and had great thickening of their edges. A round worm of medium size had bored through the edge of one of the larger ulcers. It had apparently insinuated itself into the angle between the base and edge of the ulcer, and had regained the mucous surface of the intestine by making its way through the infiltrated tubercular tissue. At the necropsy it was found lying longitudinally in the intestine, and firmly grasped at its thickest part by the tissue through which it had passed, the corresponding portion of the edge of the ulcer forming a constricting band across it.

I am, Sir, your obedient servant,
Glasgow, Nov. 14th, 1881. E. D. MACKELLAR.

Mr. F. S. Miller.—We must refer our correspondent to our advertising columns for information on the subject.

Dr. Symes Thompson's letter will appear in our next.

Mr. C. J. Bond (Bedford).—Yes.

Beta.—Under the circumstances, our correspondent, having the *mens sibi conscia recti*, is to be congratulated, and it is unnecessary to reply.

DYSPEPTIC ULCERS OF THE TONGUE.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your correspondents will kindly give me any hints as to the treatment of the above ulcers. I have a patient who has suffered from them for over a year. Some of them heal, then others break out. I have given him strict orders as to diet, have tried all the local applications I can think of, and I have treated him for the dyspepsia in a variety of ways. After all he is still afflicted, and his life made miserable. His teeth are good. In my diagnosis I have been corroborated by an eminent physician.—I am, Sir, yours faithfully,
Dec. 5th, 1881. YOUNG SURGEON.

"ECZEMA OF THE SCALP."

To the Editor of THE LANCET.

SIR,—If your correspondent, "M.D.," will rub into the scalp cocoanut oil he will find the obstinate scurf after eczema capitis soon disappear.

I am, Sir, yours very truly,
Beechwood House, Montpellier, Cheltenham, E. GREGORY.
Dec. 5th, 1881.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

THE following were the questions on anatomy and physiology submitted to the thirty-one candidates at the primary examination for the Fellowship of the Royal College of Surgeons on the 18th ult., when they were required to answer at least three out of the four questions on each subject—viz., physiology, from 9 A.M. to 12 noon:—

1. Describe the development of the alimentary canal.
2. State approximately the relative proportions of albuminous and starchy food-stuffs in beef, egg, wheaten bread, peas, potatoes, and rice. Write dietaries for an adult male prisoner with and without hard labour.
3. Explain the mechanism of voice and speech.
4. What are the functions of the pneumogastric nerve? Give the evidence on which your statements are founded.

The following were the questions on anatomy, to be answered from 1 to 4 P.M.:—

1. Describe the surfaces and borders of the several bones which form the walls and boundaries of the spheno-maxillary fossa.
2. Describe the dissection necessary to expose the two ganglia of the pneumogastric nerve. Enumerate their branches of connexion and of distribution.
3. The neck having been properly dissected, and the clavicles and anterior wall of the chest removed, describe the course and relations of the several cardiac nerves as thus brought into view; and state how you would further proceed in order to display completely the nervous supply to the heart.
4. The whole of the skin and fascia and the first layer of muscles having been removed from the under surface of the foot, describe the parts brought into view, and their relative positions.

The following were the questions on pathology, therapeutics, and surgery, submitted to the candidates at the written examination on the 24th ult., when they were required to answer all four questions, from 1.30 to 5.30 P.M.:—

1. Explain, with precision, what is understood by the term reduction of a hernia *en masse*. Describe the clinical history of such a case, and the treatment you would adopt. Mention other conditions which have been included under this term.
2. Describe in detail the symptoms and course of traumatic tetanus, and state what is known of its pathological anatomy. What principles would guide you in its treatment, and by what circumstances would your prognosis be influenced?
3. Discuss the symptoms, supervening at an interval of several days after a blow on the head, which would lead you to infer the occurrence of inflammation within the skull. Mention the forms such inflammation may assume; state the circumstances which might aid you in distinguishing between them, and detail the treatment you would adopt in each.
4. What are the chief causes of paralysis of the muscles of the eyeball? Give examples of some of the principal forms, and state the appropriate treatment.

Ferrum.—A bond is a bond, and is equally as binding on an unqualified person as on a qualified one. The document in this case seems to have bound the party only not to act as an assistant; whether it could be held to apply to practising as a practitioner is a legal question. As such it must be left to lawyers to decide.

Mr. Chas. John Jones.—Undoubtedly registration is necessary. But there may have been an error in the newspaper report, or in the printing of the name.

Dr. Harris Ross.—We think the matter should be first placed in the hands of the medical officer of health.

SOCIETY FOR THE ABOLITION OF VIVISECTION.

To the Editor of THE LANCET.

SIR,—I have just perceived a statement in your issue of Nov. 26th in which these words are made use of:—"The influential and representative meeting was also informed officially that the Editor of THE LANCET had last week stated that no good had accrued to medicine from vivisection." I emphatically deny ever even having made use of the name of THE LANCET, or having stated that that paper had published the words quoted above. The meeting held at Willis's Rooms on Nov. 21st was convened for the express purpose of inviting medical men and physiologists to state, if they were able, any good or scientific result that had accrued from the practice of vivisection, and I, as chairman, simply but earnestly invited any medical man present to inform the meeting whether a single good result had been discovered by the practice of this most cruel art.

This, and this only, was the observation made by me, and to this question only one gentleman of the medical profession responded; but in the whole of his speech he did not in any way adduce a single instance of a good result accruing from the experiments of vivisectors, and, ere the meeting was over, left the room.

I have stated the case briefly, and, in justice, request you kindly to insert this letter in your next issue.

I am, Sir, your obedient servant,
Nov. 30th, 1881. CHARLES WILLIAM GROVE.

*** We can insert no more letters on this subject.—ED. L.

THE MOVEMENTS OF THE STOMACH.

AN antagonistic influence on the movements of the stomach has been found by M. Morat to exist between pilocarpine and atropine. The observations were made with an elastic manometer, similar to that with which Chauveau and Marey have registered the movements of the heart. The experiments were made upon the dog, immobilised by means of a feeble dose of curara. Pilocarpine injected beneath the skin or into a vein, in the dose of one or two milligrammes, causes, at the end of one or two minutes, extremely energetic movements of the stomach and small intestine. They have the same rhythmical character as the normal movements of the organs, but differ in their greater energy and amplitude. If a milligramme of sulphate of atropine is injected into a vein, these movements, in less than a minute, are completely arrested. Thus these two agents are as antagonistic in their influence on the gastric movements as they are upon the secretion of glands, which is increased by pilocarpine and suspended by atropine.

W. W. has omitted to enclose his address for replies to advertisement.

S. T. P.—We object to naming a particular individual out of the numerous candidates for public favour. The question is clearly, in the first place, an architectural one.

Mr. E. Leonard Adeney.—We must leave our correspondent to exercise his own discretion in the matter.

THE SANITARY CONDITION OF LAHORE.

To the Editor of THE LANCET.

SIR,—In entering on this subject I must premise that nobody unacquainted with the East can fully understand the difficulty of sanitary reforms in India. The native is so wedded to his prejudices of caste, habit, and religion that only the most gradual improvement can be expected from him, to which we may add that the plea of poverty can be urged with much greater reason than in the case of most householders in England. The Government, however, is dealing firmly but gradually and judiciously with the crying evils that exist. The civil officers, the sanitary commissioners, and other members of the medical profession are using their best endeavours to enlighten the people on their own true interests, and though the process is necessarily a slow one, it must eventually bear fruit.

One reason unquestionably of the frequency and rapid spread of cholera in the present day is that sanitary improvements have not kept pace with the increased means of human communication, so that while disease is more often and more quickly brought to the door of the Punjabee, his means of combating it are lamentably deficient. Punjab cities are generally surrounded by walls. That which encircles Lahore was formerly from twenty-five to thirty-five feet high, but under the British Government it has been lowered to about fourteen feet. The city has twelve gates, and is about three miles in circumference. Its population in 1868 was 98,924; at the present moment probably 95,000 is nearer the mark. The European residences are outside the city to the south and south-east, and in the immediate proximity of many of them are large bazaars and considerable villages inhabited by natives. The majority of the streets are impracticable for wheeled carriages, either from their narrowness or from the numerous obstructions, such as small platforms three or four feet high in front of the houses, or steps leading up to the doors. At certain points in the narrowest lanes there is barely room to ride along on horseback. The houses are built of brick, and are mostly lofty—three, four, and even five storeys. The floors are sometimes simple earth, beaten down and smeared over periodically with a mixture of clay and cowdung, which, when dry, looks remarkably clean, and as this is easily done, and by a well-to-do householder is frequently repeated, it forms the best flooring for a native residence. But many of the floors are made of masonry, the surface consisting of mortar, with pounded brick. The houses are wretchedly ventilated, or not ventilated at all, and in most instances are densely packed with inmates. In the very hot weather there is some relief to the unwholesomeness of the atmosphere within the houses from a large part of the population sleeping in the open air. Most of the streets are paved with bricks, with their edges uppermost; the drains are made of the same material, and in the wider thoroughfares run one along each side; in the narrower streets there is but one drain, which runs in the centre. The drains are open, and these, as well as the pavement of the streets, are in many places in a very dilapidated state. The drains carry away the rainwater and every species of liquid refuse, as well as some solid. The city is built on elevated ground, much of the elevation being due to the débris of a still older city over which the present one has risen. Being well above the level of the Ravee, the natural drainage is good except at one point, and a fine outfall sewer has recently been constructed to receive and carry off the contents of the drains within the city. The drains are washed and swept daily by an army of water-carriers and sweepers kept for the purpose, but the result is far from satisfactory; they are in many places so broken that cleansing is impossible. Cattle that graze in the fields in the daytime are driven into the city at night, and are kept, some in enclosures open overhead, others huddled together in rooms on the ground floor within the houses. Dry earth latrines are provided for the public, but the native male population greatly prefer the open canopy of heaven, and hence uninhabited recesses, &c., are freely besprinkled with human ordure. Many of the women in Lahore never leave their houses, and I have spoken of these habitations as being several storeys high. At one spot on each flat will generally be found a space of twelve square feet or more marked off from the rest of the flooring by a ridge of masonry, whence an opening two or three inches in diameter leads through the outer wall of the house. This space is the family latrine, from which the urine runs off at once through the opening into the street. The faeces deposited on these household latrines are presumed to be carried away by sweepers, and the latrines washed, the water escaping in the same way as the urine. A channel is marked off on the perpendicular face of the wall outside, from the upper storey to the ground, and the openings of exit are seen one above another pouring forth their filthy fluids, and often bespattering the unwary multitude below. The faeces, when removed by the sweepers from the household latrines, are placed in heaps in the street till the scavengers' carts come round. The scavengers in Lahore are persons to whom a licence has been given to carry away the refuse and use it as manure. They are ordered to deodorise it by admixture with earth before spreading it on their fields, but this is not very strictly enforced.

About 1300 wells within the city furnish the inhabitants with water, most of which contains a large quantity of sulphate of soda; and this seems to be, in part at least, the cause of the troublesome ulcers known as "Lahore sores." Many of the wells are inside the houses, and are less subject to pollution than others, but all are, of course, liable to get out of order. The natives use the wells both for bathing and drinking purposes. In bathing, a man stands on the parapet and lets down a vessel, which, when drawn up, he inverts over his head. By this means it is obvious that one-half of the water by which his body has been washed runs back into the well.

The city wall is surrounded by gardens, irrigated by a branch of the Baree Doab Canal. Here also crowds of people bathe. A native, when bathing in a stream or tank, generally wears the cloth that conceals his less comely parts, and in the water he takes it off and washes it; and as all natives drink the water when they bathe, it is obvious that they must imbibe a vast amount of poisonous material. The bathers are not the only source of the pollution of this water, for it runs a considerable distance before it reaches the garden, and in its course numerous travellers wash their nether parts in it after their morning evacuation, dogs lie in it to cool themselves, and many other accidents happen to it too terrible to mention. In the above details I have of course spoken of Lahore as it was up to the time I left it in February of the present year.

More than ten years ago a scheme was proposed for a change in the water-supply by Dr. A. C. C. De Renzy, then sanitary commissioner of the Punjab, now Deputy Surgeon-General of the Frontier Circle; but pecuniary and other difficulties prevented its accomplishment, and it was not till about five years ago that a plan was matured, on the lines laid down by him, for furnishing a supply of pure water from the plain between the city and the river, where the water is within a few feet of the surface. Here three wells have been sunk communicating with each other, and an engine provided to pump the water up into a large reservoir that has been constructed in the highest part of the town. Thus wholesome drinking water will be provided, as well as effective means of flushing the drains.

I mentioned above the outfall sewer which is now in use. This is only part of a new system of drainage, in which good saucer drains are to take the place of the old broken ones above described. About three years ago an effort was made by the deputy commissioner, Major Harcourt, to establish a better conservancy, under the immediate management of the municipality. The manure was to be conveyed away to depôts at convenient distances, to be there deodorised, and afterwards sold to cultivators. The system, indeed, was actually commenced, but the Cabul war interfered with it, as every available bullock was sent off to the frontier.

The water-supply and the new drainage, which are likely ere long to become accomplished facts, will remedy many of the existing evils; indeed, benefit has already accrued from the demolition of a great number of houses and the widening of some streets in preparation for the water-supply. But it must be evident that complete sanitary reform can only be effected by rebuilding the city and by changing the habits and removing the prejudices of the people, which is a work that must extend far into the future, and will exercise to the utmost the tact and ingenuity of many Governments yet to come.

I am, Sir, yours, &c.,
J. B. SCRIVEN
(late Civil Surgeon of Lahore).

Oxford-gardens, Notting-hill,
Nov. 10th, 1881.

Mr. Jansen.—The subject is not of sufficient medical interest to warrant the insertion of the communication in our columns.

SCIRRHUS OF THE BREAST.

To the Editor of THE LANCET.

SIR,—I am treating a case of scirrhus of the breast in a thin, highly nervous woman. This is the second appearance of the growth, and she declines further operative interference. Will some correspondent kindly inform me of any remedies, both local and constitutional, that have proved of some service in his hands in such conditions? What can be done to render the suffering less keen, and to soothe the nerves? This would include treatment both before and after the fumigating and discharging period of the malady. At present the skin is intact. I am at present administering chloral hydrate internally, and lead lotion externally.

I am, Sir, yours faithfully,
OMEGA.

Dec. 7th, 1881.

CANAL-BOAT CHILDREN.

MR. GEO. SMITH, of Coalville, continues to draw attention to the unsatisfactory working of the Canal Boats Act of 1877. In a letter to the *Manchester Guardian* on the 29th ult., Mr. Smith writes:—

"A week ago a boat registered at an important school district floated by me upon which there were man, woman, and seven children. In the cabin there would not be air space for each to live in equal to that of a spaniel's kennel. This is how the Canal Boats Act of 1877 and the order of the Privy Council are being carried out. A canal boat inspector, appointed by the local authorities, told me the other day that he had given up taking any interest in carrying out the Act, owing to his authorities neither seconding his efforts nor encouraging him. And he further said, 'I shall let the Act take its chance.'"

FEIGNED EPILEPSY.

To the Editor of THE LANCET.

SIR,—Perhaps the following amusing case would be worthy of a record in your journal:—

On last Sunday afternoon (Nov. 13th) I was passing through one of the fashionable streets in the West-end of this city, when I observed a small crowd collected around a prone figure upon the pavement. Hurrying up to render what assistance lay in my power in the event of the fallen one being ill and not drunk, I observed an elderly man, a well-marked specimen of the genus tramp, lying upon the ground and kicking violently with both legs, throwing his arms about in the most extravagant manner, and frothing vigorously at the mouth. It so happened, by chance of course (?), that this performance occurred at the doorstep of a lady well known for her charity and kindness to the poor. She herself was looking most anxiously out of the window, and had sent out her footman with a glass of spirits to the "epileptic," which, however, he would on no account swallow, strong as the temptation to do so must doubtless have been to him. I verily believe that the good lady would have had the impostor carried into her house had I not opportunely come upon the scene and exposed him. Observing that his cheeks were flushed and his pupils undilated, and that the froth from his mouth was unmixed with blood, I asked a genuine-looking old Scotchman amongst the bystanders for a loan of his "snuff mull," and applying a liberal pinch to his nostrils, blew it up them with all the vigour of which I was capable. The effect was instantaneous; the supposed epileptic leaped to his feet with no mild expression of wrath against his kind medical attendant, and sneezed so vigorously and continuously that I really began to fear apoplexy. However, he recovered himself, and speedily slunk off abashed, to the intense amusement of the people and of the charitable lady.

I am, Sir, yours, &c.,

Edinburgh, Nov. 17th, 1881. GEORGE D. MACKINTOSH.

THE letters of *Messrs. Salt and Son* and *Messrs. Lloyd and Co.* arrived too late for insertion this week.

WE are compelled at the last moment to hold over the letter of *Dr. Irwin* on the status of Ship Surgeons.

ERRATUM.—In the fifth line of the second paragraph of the Memorial of the North-Western Association of Medical Officers of Health to the President of the Local Government Board, page 978, for "fixtures," read *fitness*.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Henry Thompson, London; Dr. Bristowe, London; Mr. Bowman; Mr. Ford Stanley; Dr. O. Will, Aberdeen; Mr. B. Walker, Spondon; Mr. Gray, Ottery St. Mary; Mr. Grove, Tewkesbury; Mr. J. H. Aveling, London; Mr. Austin; Dr. Robert Lee, London; Dr. Gregory; Mr. Boulnois, Exeter; Mr. Bond, Bedford; Messrs. Perinet et Fils; Mr. Whittaker, Glasgow; Mr. Bennett, Chester-le-street; Mr. Spiers, Haltwhistle; Mr. Hare, London; Mr. Sims, Reading; Dr. Rumbold, St. Louis; Dr. Ormsby, Dublin; Dr. Taylor, Scarborough; Mr. Adams, Lanark; Mr. E. O. Day, London; Mr. Newnham, London; Mr. Porter Smith, Shepton Mallet; Mr. J. Clay, Birmingham; Mr. Parker, London; Dr. Monckton, Stafford; Dr. R. Smith, Cheltenham; Mr. Palmer, Newbury; Mr. Wallis, London; Mr. Dobbin, London; Mr. Gregory; Dr. Smyth, Forest-hill; Dr. H. Sutherland, London; Mr. Jensen, Eastbourne; Mr. Lewis Morgan, Oxford; Mr. W. Williamson, London; Mr. Leonard Adeney; Mr. Cooney, London; Messrs. Letts and Co.; Mr. Barker, London; Mr. Donkin; Mr. Raffety, London; Dr. Harris Ross, Brighton; Messrs. Wippell Brothers, Exeter; Dr. Macnaughton Jones, Cork; Mr. Gidley, Exeter; Mr. Fletcher Horne, Barnsley; Mr. Vacher, Birkenhead; Mr. R. Harrison, Liverpool; Mr. Marshall, Preston; Dr. Housley, Retford; Mr. Ward; Mr. Heaps, Rothwell; Mr. Robson, Leeds; Mr. Gilmour; Mr. Hyrons, Dudley; Mr. Rawson, Nottingham; Mr. Venables, London; Dr. Sheen, Cardiff; Mr. F. Scott, Manchester; Dr. Gourley, West Hartlepool; Mr. J. N. Cook, London; Dr. T. H. Redwood, Rhymney; Mr. Stewart, Glasgow; Mr. Napper, Cranleigh; Dr. Dreschfeld; Mr. West, Great Malvern; Mr. C. Wills, Worksop; Mr. Robinson, Southport; Mr. Wallace, Arnold; Dr. Perry, Bordeaux; Mr. P. J. Jackson, London; Messrs. Oxx and Co., Chorlton-on-Medlock; Messrs. Smith and Son, Manchester; Messrs. Salt and Co., Birmingham; Messrs. Lloyd and Co.; Dr. Leach, Sturminster; Dr. Dale; Mr. C. E. Jennings, London; Mr. G. Gosset, Abingdon Dr. Symes Thompson, London; Mr. P. Hills, London; Dr. Bond; M. M.; General Practitioner; A Twenty Years' Subscriber; M.D. Ferrum; Puzzled; Young Surgeon; R. J. H.; F.R.C.S.; Students; Malpraxis; Scrutator; Another General Practitioner; Beta; Omega &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Brett, Watford; Messrs. Smith and Son, Liverpool; Mr. Brewer, Newport; Mr. Foulkes, Sheffield; Mrs. Chapman; Mr. Burroughs, Grantham; Mr. Park, Bradford; Mr. Jackson, Nottingham; Mr. Gill, Newcastle-on-Tyne; Mr. Welshman, Kintullagh; Dr. Scriven, Derby; Mr. Hall, Burton-on-Trent; Mr. Higginbottom, Glasgow; Mr. Field, London; Mr. Greaves, Aylesbury; Mr. J. Phillips, London; Messrs. Deeks, Gibbs, and Co., London; Mr. Lacey, Plumstead; Messrs. Macmillan and Co., Cambridge; Mr. Henry, Whitehead; Mr. Willey, Birmingham; Mr. Elmore, Maidstone; Mr. Codlin, Ancaster; Mr. Cuffe, Sydney; Mr. Moir, Newhall; Mr. W. Adams, London; Messrs. Reed and Co., Glasgow; Mr. De Denne, Eastbourne; Mrs. Allen, Bath; Mr. Oakeley, Swinefleet; Dr. Steele, Dublin; Mr. Shiels, Boya, New South Wales; Mr. Keanard, Lambourne; Mr. Lewis, Bristol; Dr. Messam, King William's-town; M.R.C.S., Clerkenwell; Cadrine, Boulweil; A. K. K.; K. C.; M.D., Goswell-road; A. S. C., New Cnatham; M.D., Rotherhithe; Statim, Clapham; Medicus, Twickenham; Beacon; H. H. M., Hounslow; Medicus, Leamington; Medicus, Llandovery; A. B., Jarrow-on-Tyne; Omicron, M.D.; Epsilon; Medicus, Brackley; M.B., Edinburgh; H. H., Nottingham; L. P., Brigg; D. E. B., Sheffield; Alpha, Nottingham; L. C. E. P., West Bromwich; D. E. F.; W. W.; Karl, Birmingham; Anatomist; J. L. W., Halifax; Principal, Seaford; Alpha, Pontypridd; W. W. W., Windsor; F. M.; Norval; &c., &c.

Church Standard, Musical Education, Liverpool Daily Post, Sydenham Gazette, Gazzetta Medica Italiana Lombardia, Keene's Bath Journal, Halifax Guardian, The Animal World, Food and Health, The Analyst, Ceylon Observer, Huddersfield Chronicle, Vanity Fair Winter Number, Evening Chronicle, Journal du Magnétisme, Temperance Record, &c., have been received.

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Agent for the Advertising Department in France—J. ASTIER, 67, Rue Caumartin, Paris.